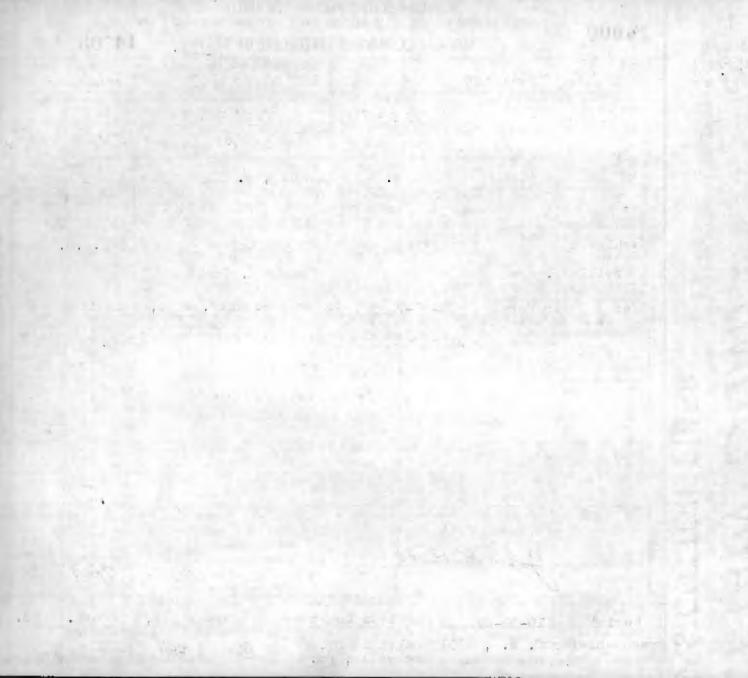
100 W	TO THE RESERVE	OF STATISTICAL RI	SEARCH AND RECORD	S, 301 W. PRESTO	ON STREET, E	ALTIMORE	1, MARY	LAND
	25295	v Ro	CERTIFICA	E OF GEAT	1 Section		7.31	and the second
	ACE OF DEATH			2. USUAL RESIDEN	MCE (Where decee			
1	Mo	ntgomery	MARYLAND	e. STATE Mar	yland	Montg	omery	
b. CITY OR TOWN (if outside corporete limits.			c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporete			
4	Rockvil	give neerest town)		Rockvi	lle. X			15-1
			in hospital, give street address)	d. STREET ADDRESS				a. IS RESIDENC
14	214 Bri	arwood Terr	ace	14214 Br	iarwood	Terrac	е	YES NO
3. NJ	AME OF	First	Middle	Lest	4. DATE	Month	Dey	
	CEASED pe or print)	Woodley	F.	ABELL	OF DEATH	Octob	er 24	1967
5. SE	Male	White		B. DATE OF BIRTH Feb 6th 18	\ \	GE (In years IF Ut st birthdey) Mon yrs.		Hours Min.
done	USUAL OCCUPATE during most of wo etired	ION (Give kind of work rking life, even if retired)	Ob. KIND OF BUSINESS OR INDUST	Marylan		ign country} 1	U.S.	A.
13. F/	ATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
	Robe	rt A. Abell		Serena H	ayden			
		ER IN U.S. ARMED FORCES? fyes give werordetes of service		informant arah R. Ab	ell S	Address Same as	# 2	
118	. CAUSE OF D	EATH Enter only one cause	per line for (e), (b), and (c).)	A / /	./	_	IN	TERVAL BETWEEN
(e		ete ceuse	Coronary a	Meredock	hou;			
CERTIFICATION	PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE CON	NDITION GIVEN IN		19. WAS AUTOPSY PERFORMED? YES NO
CERTIFI	R CONTRIBUTING	AS UNDERLYING 206 CAUSE OF DEATH MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCURE	D. (Enter neture of injury in	n Pert I or Pert II of i	item 18.)		
MEDICAL	Oc. TIME OF INJU Hour e.m. p.m.			ACE OF INJURY (Home, fer story, street, office bidg., et		lown)	(County)	(Stete)
21	. 1 certify	hat (I) (this hospital)	attended the deceased from	19-3	196.7. 10	10-24	, 190/	that (I) (we) la
58	w the deceas	ed alive on	19.6.7, end tha	t death occured atte	LAM, from th	e causes and	on the d	ate stated above
22	2e. SIGNATURE	NX	Men	ATTENDING		STAFF	10-	2 4-6 SIGN
22	PHYSICIAN'S NAME (Type)	D.C. F.	Budy	SOY V	eirs M	ill Rd	Rah	wille In
DE	OURIAL, CREMAN HOVAL (Specify)	ON, 236. DATE THEREOF		Olivet	Wash,	D.C.	county)	(State)
	WERAL DIRECTOR	S AIGNATURE MOLLONS	ADDRESS 3 D C	Ith S. E.s. R	T 2 6 196	7 25b. gests	ABY SIGN	Tille :

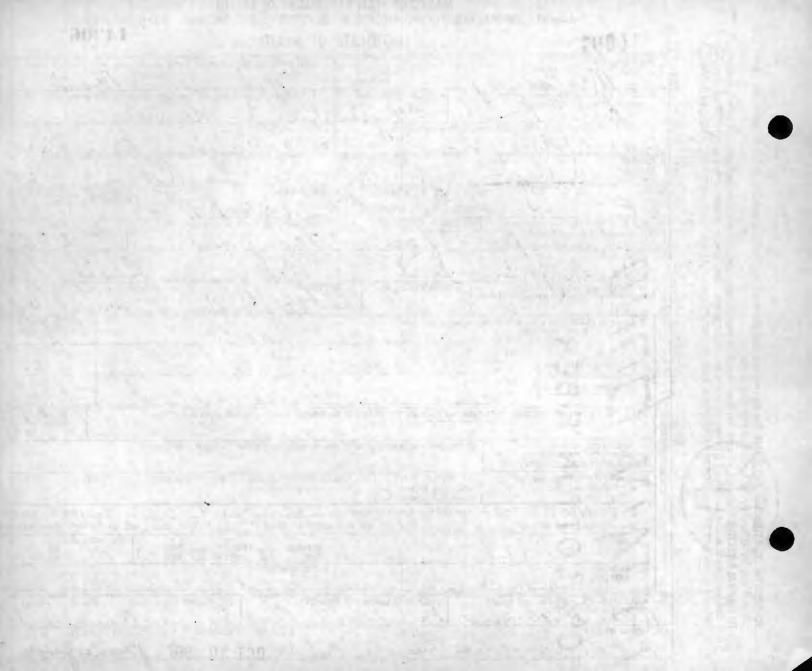
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14000 14005 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Montgomery o. COUNTY Mont gomery MARYLAND delay b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 15 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) pup write RURAL and/give nearest town) M3. Rock Ville OCKVI11 e. IS RESIDENCE d, NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Orm ofe De ON A FARM? - Faweett + NO K Give Pages be executed within 24 hours after death. 3. NAME OF Middle DATE Office alang with First Year DECEASED the -E. October 1967 ckers. (Type or print) DEATH pages land 2 with S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In veors IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** lost birthday) Months Days Hours hours after death. WIDOWED DIVORCED YIS. 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) INDUSTRY **COUNTRY?** Virginia e certificate, writing the ward "pending" in pencil in should be forwarded to the Chief Medical Examiner's Machinest rinting U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Orville E. Aker Nannie B. Jackson permit. File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) Mildred E. Aker, wife, same item # es Air Force INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) ferction Acute. burial-transit event PART I. DEATH WAS CAUSED BY MYOCZECIE IMMEDIATE CAUSE (o) This certificate should the ward DHE TO any My ocardiel Intarction 41215 Conditions, if ony, which gave rise to immediate couse (a). = DHE TO 0 stoting the underlying cause Arterio Sclerosis Severe pup lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) removal, CERTIFICATION YES X NO 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 should PRIMARY CONTRIBUTING CONTRIBUTING EXAMINER: CAUSE OF DEATH. MEDICAL 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year (County) Hour o.m. factory, street, office bldg., etc.) Nat While at work of work 21. I certify that I took charge of the remains described above, held an Autopsy 17. Inspection A Inquiry 7 and in my opinian may be retained for FUNERAL DIRECTOR: funeral director. death resulted from: Natural causes Suicide [Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED prior SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health 1 Address (Street, city, town, or county) NAME (Type) the 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 50 REMOVAL (Specify) Md. Parklawn Cemetery Rockville. Montg. 10-30-67 Burial ADDRESS 250: REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR ATSME (5) (5 yson Wheeler F. H. , 1331 Rockville Pk. 6M 1/67

Poolerille Md



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14706 CERTIFICATE OF DEATH 400 SE SE after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) p. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside exporate/limits, write RUZE) and give number town) in by the C. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate lignits, write RURAL and give nearest town) 24 hours d. NAME OF ROSPITATION INSTITUTION (If not in hospital) give street oddress d. STREET ADDRESS e. IS RESIDENC ON A FARM? and completely filled dod YES DE NO within NAME OF remove corbon Middle DATE Wit Year DECEASED HESO (Type or print) DEATH 19 6 be executed SEX IF UNDER 1 YEAR DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours ond in ony WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE County & State, or foreign country) 12. CITIZEN OF WHAT pleose during most of working life, even if retired). INDUSTR COUNTRY? ottending physicion permit. Then please requires that the deoth certificate 13. FATHER'S NAME MOTHER'S MAIDE or removo 15. WAS DECEASED WER IN U.S. ARMED FORCES?
(Yes, do or unknown) (If yes one wor or dotes of service) TO. SOCIAL SECURITY NO. 17. INFORMANI Address permit. buriol, cremotion, CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN buriol-tronsit PART I. DEATH WAS CAUSED BY: signed by IMMEDIATE CAUSE (o) attending physicion. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a) DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been be detoched for use as the State Dept. of Health prior to Jost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? NO the hospital or 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (State) (County) Hour o.m. foctory, street, office bldg., etc.) While Not While at work of work Poge 4 may be retained by 21. I certify that (1) (this haspital) attended the deceased fram. director, page 3 should should be filed with the and that death accurred at 70 M, fram causes and an the date stated abave saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 230. BURIAL, CREMATION, 23b. DATE THEREOF OR CREMATORY CATION (City of Town) 23c (County) (Stote) MOVAL (Specify) FLINERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR 20 M 1.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14007 14802 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) p. COUNTY Montgomery MARYLAND b. CITY OR TOWN (If outside carparote limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give negrest town) write RURAL and give negrest town) Washington Silver Spring ll vears d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 72 Sylvan Manor Health Care Center 3039 Legation St., N. W. NO SE YES NAME OF Middle First Lost 4 DATE Doy Year completery DECEASED N. (Type or print) Allen DEATH October con and in ony event S. SEX IF LINDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED birthdoy) Months Doys Hours Nov. 12, 1883 White DIVORCED Female WIDOWED and 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? New Jersev S. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremation, or removal, Charles Avres Adalaide Hammell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Son Address (Yes, no grunknown) (If yes give war or dotes of service) Item 2. Same as R.Allen Laurence Unknown 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN burial-tronsit PART I. DEATH WAS CAUSED BY ONSET AND DEATH Cerebral Degenration IMMEDIATE CAUSE (o) signed by Page 4 may be retained by the hospital or ottending physician. DUE TO Cerebral Arterib-sclerosis Conditions, if ony, which gove rise to immediate cause (a). DUE TO stoting the underlying couse has been be detoched for use as the Stote Dept. of Health prior to lost 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) NO X 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH r this certif detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year (City or town) (County) (Stote) Hour a.m. factory, street, affice bldg., etc.) Not While O FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram October 1, 1967, to October 3(1967, that (I) (we) last saw the deceased alive and Oct open 2019 2 and that death occurred at 2.70 M, fram causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING October 30-67 PHYS DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS .000 Old Georgetown Road Robert To Thibadeau NAME (Type) Poelarille 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23d LOCATION (City of Town (Stote) Cremation Cedar Hill Crematory Suitland
ADDRESS 250. RECD BY REGISTRAR 25b. RE 10-30-67 24. FUNERAL DIRECTOR PUMPHREY, Bethesda, Maryland 1967 DATE NOV

TO PE ... Subject the subject of the Districts of Cotombin gos william manage () series would Sed out Hone sent the sent tensor Surfo Lagarett of the to thirty to links at Year Ingaey #12Viantin Melda tamela BETTE COLDEN IE made os saga notificia company. Company - conferm to a filed the concern Lith ration for the con-Rose T. McClar, Berkends, Sarylatal Liffly Liffly Seeds and

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 4003 CERTIFICATE OF DEATH 14008 deoth. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) funer o. COUNTY o. STATE Maryland b. COUNTY Montgomery Montgomery that the death certificate be executed within 24 hours after MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give pearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) papers. Pagi Rockville 5 months Rockville d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE .⊆ ON A FARM? 6300 Poindexter Road Potomac Valley Nursing Home NO 3. NAME OF First Middle 4 DATE Lost Year DECEASED OF DEATH Oct. 67 SARAH ALLMAN (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 9. AGE fin years 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Jast birthday) Days Haurs 3. 1396 ond in onv White WIDOWED DIVORCED emale pup 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working lite, even if retired) physician (ten please COUNTRY ? C. Washington, D. Housewile 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME removol Robert E. Backham Eva Oliver 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. permit. (Yes, no, or unknown) (If yes give war ar dates af service Same as Item 2. 0 Mrs. Henry Latimer INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY ONSET AND DEATH burial-transit IMMEDIATE CAUSE (o) p **DUE TO** signed OR ATTENDING PHYSICIAN: The low requires buriol Conditions, if any, which gave rise ta immediate cause (a). DUF TO stating the underlying cause attending as the lost. pas PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS) PERFORMED? NO A Page 4 may be retained by the hospital or certificate 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Haur a.m. factory, street, affice blda., etc.) Not While of work at work 21. I certify that (1) (this hospital) attended the deceased from 1967, that (1) (wet last MAM saw the deceased alive an 1967, and that death accorred at of from causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. M.D. DIRECTOR director, page should be filed 22d. ADDRESS PHYSICIAN'S esda. O HOSPITAL 5707 WISCONSIN FUNERAL IHGGERS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City ar Tawn) 23b. DATE THEREOF (State) 23o. BURIAL, CREMATION, REMOVAL (Specify) High Street Cemetery 10-7-67 Rocky Mount, Virginia Burla 9 REGISTRAR'S SIGNATURE 25g. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR **ADDRESS**

PUMPHREY, Bethesda, Maryland

VR A15 (4) 25M 1/67

14-00 MALLA The second second second second second the contract of the contract o

A strain of the	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
EOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	20
HEALTH ALEN	PLACE OF DEATH O COUNTY MARYLAND 2 USUAL RESIDENCE (Where deceased lived, f institution Residence before o. STATE b COUNTY MARYLAND	e odmission)
delay is and 3 to M3. Page	b CITY OR TOWN (fourside corporate limits, write RURAL and give secres write RURAL and give secres town) Reveal. The Company of the South	t lown)
off France of form B State Depart	d. NAME OF HOSPITAL OR INST TUTION (If not in hospitol, give street oddress) d STREET ADDRESS	e IS RESIDENCE ON A FARM? YES NO X
after death. 8. Give Pages alang with with the State.	3 NAME OF DECEASED (Type or print) Carl Eduin Anderson Death of 13	
s certificate shauld be executed within 24 haurs after dea e, writing the ward "pending" in pencil in Item 18. Give Po farwarded ta the Chief Medical Examiner's Office alang wit i Used as a burial-transit permit. File pages Land 2 with the S haval, and in any event within 72 haurs after death.	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years lost birthdoy) Honths Doys WIDOWED DIVORCED 07/1/00 67 YES	IF UNDER 24 HRS Hours Min.
ld be executed within 24 haurs of the seconding" in pencil in Item 18. Chief Medical Examiner's Office a transit permit. File pages Land 2 wevent within 72 haurs after death.	100 USLAL OCCLPATION (G ve kind of work done duringmost of work in the event if retired) 10b KIND OF BUSINESS OR MERTHPLACE (State or foreign country) 11c CITIZEN OF COUNTRY?	WHAT . C.
vithin 24 pencil in aminer's e pages e pages	13 PATHER'S NAME 14 MOTHER'S MAIDEN NAME Conderson Conderson	
be executed within "pending" in pencil nef Medical Examine insit permit. File page ent within 72 haurs c	15/WAS DECEASED EVER IN U.S. ARMED FORCES? (16s. gp. or unknown) (If yes give wor or dotes of service) 037.03.75// 10. SOCIAL SECURITY NO 17 INFORMANT Address Lick Add	erson
ficate shauld be executed ing the ward "pending" ir rded ta the Chief Medical as a burial-transit permit. and in any event within 7	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	ERVAL BETWEEN SET AND DEATH
hauld ward the Ch irral-tra	Conditions, if ony, which gove) (b) Figure 2 Various with Runture	ediate
rate s ng the ded ta as a bu	rise to immediate couse (a), stating the underlying couse (bist. (c) Cirrhosis, Liver	
This certificate shauld cate, writing the ward be farwarded to the Cl be used as a burial-tremavol, and in any every	PART II OTHER SIGN FLOWDITIONS CONTRIBUTING TO DEATH BUT NOT PELATED TO THE TERMINAL DISEASE COND.) ON CIVEN IN DARL VOL.	WAS AUTOPSY PERFORMED? ES X NO
<u> </u>	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of in ury in Port I or Part I of item 18) PRIMARY or CONTRIBUTING CAUSE OF DEATH.	<u> </u>
Z t 4 p and	20c TIME OF INJURY Month, Doy, Year Hour a m p.m. 19 20d NJURY OCCURRED 20e PLACE OF INJURY (Home form foctory, street office bldg, etc.) 20f. (City or town) (County)	(Stote)
rical Examine execute ctor. Page for you ECTOR: Page burlai, crem		in my opinion
JTV MEDICA ry, please ex- eral director. be retained RAL DIRECTO priar to burior	CHIEF MEDICAL EXAMINER	2. DATE SIGNED
for the part of th	EXAMINER'S NAME (Type) DEPLTY MEDICAL EXAMINER OCT. 13, 19 Address (Street, city, town, or county)	67
To De same of the	230 BJRIAL, (REMATION, REGIONAL (Specify) 23c NAME OF CEMETERY OR CREMATORY 230 LOCATION (Giv or Town) (County) REGIONAL (Specify) Double Thereof 23c NAME OF CEMETERY OR CREMATORY Double There	(Stote)
VR A15ME (5)	24 FUNERAL DIRECTOR ADDRESS ADDRESS 250. REC'D BY REGISTRAR S. FONATOL	refrents

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 14010 CERTIFICATE OF DEATH ~ 4005 1 and 2 or death. 2. USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) funeral PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Montgomery MARYLAND Maryland Montgomery
C CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) Maryland law requires that the deoth certificate be executed within 24 hours after b CITY OR TOWN (If outside cornarate imits c LENGTH OF STAY IN 16 write RURAL and give negrest town) days Silver Spring 3 day
d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Silver Spring e IS RESIDENCE ON A FARM? d. STREET ADDRESS the attending physicion and completely filled sit permit. Then pleose remove carbon paper YES 🗔 NO . Holy Cross Hospital 914 Philadelphia Avenue 3. NAME OF DATE Year DECEASED 19 67 Evelyn DEATH October (Type or print) Anderson F UNDER 1 YEAR B. DATE OF BIRTH AGE (In years IF UNDER 24 HRS S SEX 6. COLOR OR RACE NEVER MARRIED 7. MARRIED last birthday) Months Days Hours WIDOWED DIVORCED removal, and in any 6-19-07 Female White 60 yrs. 10a USUAL OCCUPATION (Give kind of work done 1Db KIND OF BUSINESS OR 12 CITIZEN OF WHAT 13 BIRTHPLACE (County & State or fareign country) during most of working life, even if retired) Washington,
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME William Mattie Lemb 17 INFORMANT
William L. Anderson Rockville. Maryland 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, ar unknawn) (If yes give war ar dates af service) 577-01-1883 cremotion. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per me for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY Arterioscleratic Heart Disease manifest buriol-transit **DOWNSET** AND DEATH IMMEDIATE CAUSE (a) signed by 1. Thrombotic occlusion, left coronary aftery Canditions, if any, which gave rise to immediate cause (a), Acute anteroseptal myocardial infarction stating the underlying cause the hospital or offending os the O FUNERAL DIRECTOR: After this certificate has been (d) 3. Rupture of left ventricle. last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) of Health p CERTIFICATION NO T 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 2Do ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (State) 20d INJURY OCCURRED 2De PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc) at work at wark be retained by Z, that (I) (we) lost 21. I certify that (1) (this haspital) attended the deceased fram, and that death occurred at A SaM, from couses and on the date stated above. sow, the deceased olive on_ 22b. DATE SIGNED 22g. SIGNATURE MED. DIRECTOR M.D. PHYS. PHYS director, page should be filed 22d_-ADDRESS 22c. PHYSICIAN'S NAME (Type) John Curry 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City(or Jown) 23b. DATE THEREOF 23g, BURIAL, CREMATION, BREMOVAL (Specify) Gent Lincoln Cemetery Prince Georges 1967 2Sq. REC'D BY REGISTRAR Thomas 20 M 1/66 Pumphreu

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 OF DEATH CERTIFICATE 14042 PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY a. STATE b. COUNTY Montgomery MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 도 연구 d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENC ON A FARM? Potomac Valley Nursing Convales 1809 Irving Stre WI YES 3 NAME OF Middle DATE Year DECEASED OF DEATH E. Henry (Type or print) Anderson S SEX 9 AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** Months birthdoy) Dovs Houses white male WIDOWED DIVORCED puo 10g USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)

Printer- Reti INDUSTRY **COUNTRY?** Govit Illinois 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal. Unobtainable Unobtainable 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 76. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) Miss Nell Lambert-2726 Conn. Ave. NW -64-4903 IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), one (c)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) by the hospital or ottending physician. **DUE TO** Conditions, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying couse be detoched for use as the State Dept. of Health priar to last. WAS AUTOPS! hos PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO certificate 20o ACC DENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of Item 1B) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year Hour o.m. 20d. INJURY OCCURRED (City or fown) (County) (Stote) factory, street, office bldg., etc.) Not While ot work of work 21. I certify that (1) (thus hospital) attended the deceased from 19400, to. 1967, that (I) (we) lost 1967, and that death occurred at 705 PM, from causes and on the date stated above saw the deceased alive on__________ 220 S GNATURE 22b DATE SIGNED M.D PHYS DIRECTOR director, poge should be filed 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL IO FUNERAL NAME (Type) 23b. DATE THEREOF BURIAL CREMATION. 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)
Burial Congressional Cem. Washington, D. 25o. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 25M 1/67 S.H. Hines Co. Washington. D

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 4003 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14013 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) n COUNTY **b** COUNTY o. STATE Maryland Montgomery Montgomery MARYLAND b CITY OR TOWN (f putside carparate limits, CLENGTH OF STAY N 1h c CITY OR TOWN (If auts de carporate limits, write RURAL and give nearest tawn) write RURAL and give newest town) Silver Spring d NAME OF MOSPITAL OR INSTITUTION (If not in hospito, give street address) d STREET ADDRESS 5 RESIDENCE ON A FARMS 8600 16th Street Holy Cross Hospital NO A 3 NAME OF M dd1e 4 DATE First Month Year Lost DECEASED WALTER ARCH Oct. 67 (Type or print) DEATH in pencil in Item 18 Give F UNDER 1 YEAR IF JANDER 24 HRS This certificate should be executed within 24 hours after S SEX 6 COLOR OR RACE B. DATE OF BIRTH 9 AGE (In years 7 MARRIED NEVER MARRIED Months thdoy) Dovs 7/21/02 Hours Male White event within 72 haurs after death WIDOWED DIVORCED "pending" in pencil in Item 13 lef Medical Examiner's Office 11 BIRTHPLACE (State or foreign country) 100 USUAL OCCUPATION (Give kind of work done Ob KIND OF BUS NESS OR 12 CTIZEN OF WHAT during most of working the even if refired) U.S. U. S. Gov. Pittsburgh, Pa. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN US ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO (Yes, pg, or unknown) (If yes give wor or dates of service) Mary Arch - 8600 16th St., Sil. Sp., Md. INTERVAL BETWEEN 1B CAUSE OF DEATH (Enter only one couse per ne for (o), (b) ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) writing the word DUE TO ond in any Conditions, if ony, which gove rise to immediate couse (o), forworded to DUE TO stoting the underlying couse 19 WAS AUTOPSY PERFORMED? or removol, PART II. OTHER SIGN FIGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(0) certificate, 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CERTIF 20b DESCRIBE HOW INJURY OCCURRED (Enter notice of njury in Port I or Port I of Item 18) CAUSE OF DEATH MEDICAL 20e PLACE OF INJURY (Home form, (City or town) 20c T ME OF INJURY Month, Day, Year 20d INJURY OCCURRED (County) factory, street office b dg , etc) Not While of work L of work 21. I certify that I took charge of the remains described above, held an Autopsy 10 Inspection X and in my apinian Natural causes death resulted from Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER prior to ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE _ funeral NAME (Type) 73 5 may 10 FUNER Heo th 230 BUR AL CREMATION 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY VR A 15ME (5) y. C. Bar 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 4003 14014 CERTIFICATE DEATH death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o COUNTY **b** COUNTY The law requires that the death certificate be executed within 24 hours after MARYLAND P CITA US TOWN UP CLENGTH OF STAY IN 16 c. CITY OR TOWN outside corporate limits, write RURAL and give nearest town) IS RESIDENCE ON A FARM? not in hospital, give street address) d STREET ADDRESS NAME OF Middle DATE Month Dov Yea DECEASED OF 10 (Type or pnnt) DEATH 9. AGE (in years IF UNDER 1 YEAR 7 MARRIED NEVER MARRIED lost birthday) Months Dovs Hours WIDOWED DIVORCED ond OCCUPATION (G ve kind of work done to f working vite, even of refred) 1Db KIND OF BUSINESS OR 12 CITIZEN OF WHAT INDUSTRY COUNTRY? ork 13 FATHER S NAME 14. MOTHER'S MAIDEN NAME of removol. ottending p 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Avino 10 (Yes, no, ar unknown) (If yes give war or dates of service) NC cremofian, 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) buriol-tronsit PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) þ DUE TO signed t Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse as the priorto last. hos PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT THE TERMINAL DISEASE DONDITION GIVEN IN PART 1(0) PERFORMED? be detached for use Stote Dept. of Health ficote NO 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter national of impury in Port 1 or Port II of Item 18.) OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month: Day, 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Home, form, 201 - (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While OR ATTENDING of work 21. I certify that (I) (this haspital) attended the deceased fram 19 4 1962, that (I) (we) last Poge 4 may be retoined - 1967, and that death accurred at 8.34 DIRECTOR: saw the deceased alive on_ from causes and on the date stated above. 22b. DATE S GNED 220 DIRECTOR r, poge 3 be filed v M.D 22c. PHYSICIAN'S ADDRESS O HOSPITAL FUNERAL director, should br 23b DATE THEREOF 230 BUR AL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) Burial 0 Glenwood Cemeterv Washington. 24 JUNERAL DIRECTOR VR A15 [4] H. Hines Company -Washington, DC 25M 1/67



12/	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	CERTIFICATE OF DEATH	14015
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unted with	3 NAME OF First Middle tost 4. DATE Month OF Type or print) Product P. PERSTH 10 -	Day Year
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the at t pe utiar	18 CAUSE OF DEATH (Enter only one couse per line for (o) (b) and (c)) PART I DEATH WAS (AUSED BY	INTERVAL BETWEEN ONSET AND DEATH
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bing PHYSICIAN: The by the naspital ar at the tribing the be detached for use State Dept. at Health	(FEITHER NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form Hour'o.m. 20f (City or town) While Not White foctory street, office bidg etc.)	(County) (State)
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OR ATTENDING be retained by the IRECTOR: After e 3 should be de ed with the State	21. I certify that (1) (this hospitat) attended the deceased from Oct 1, 1967, to Oct 14	, 1927, that (I) (we) last
Se de		an the date stated above.
RECT With	ATTENDING MED STAFF DIRECTOR DIRECTOR PHYS	22b DATE SIGNED
V be code filec	22c PHYSICIAN S 22d. ADDRESS	10-17-61
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5 5 5 A	REMOVAL (Specify) 10/17/L7 Gate of Heaven Whe atom-	APS SIGNATURE
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FOR STATE	–	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1-180
HEALTH DEPT.	I, P	LACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence	
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e execute 'pending" ef Medical nsit permit.	П	18 CAUSE OF DEATH (Enter only one couse per ne for (a), (b), and (c)	NTERVA, BETWEEN ONSET AND DEATH
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NL EXA xecute Page far yau 3R: Paga		21 I certify that I took charge of the remains described above, held an Autopsy XI, Inspection XI, Inquiry XI.	and in my opinior
MEDICAL EXAM please execute the director Page 4 etained for your DIRECTOR: Page r to burial, creman		death resulted from: Notural causes (x), Accident (), Suicide (), Hofinicide (), Undetermined monner ()	
		ACTUAL SIGNATURE ASSISTANT MED CAL EXAMINER	22. DATE SIGNED
o DEPUTY In necessary, plane funeral of S may be reported to FUNERAL In near the property of t		EXAMINER'S NAME (Type) BELDEN PER STANDING (Type) BELDEN PROPERTY (TYPE) Adjust (Type) Up the County)	3/1967
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	F	FUNERAL CORPORATION Det. 16, 1967 Tt. Lincoln Cemetery Prince Georges Co. FUNERAL CORPORATION OF THE PROPERTY	
VR A15ME 31		Silver Spring Md. ACT 19 1967 Charle	adge.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14017 CERTIFICATE OF DEATH 4012 within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY o. STATE **b.** COUNTY Montgomery Florida MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparate limits c LENGTH OF STAY IN 16 write RURAL and give nearest town) 4 mos 23 days Jacksonville Bethesda (rural)

d NAME OF HOSP,TAL OR INSTITUTION (If not in haspital, give street address) e IS RESIDENCE ON A FARM? d. STREET ADDRESS 4544 Harlow Blvd. Naval Hospital YES NO X 4 DATE NAME OF Middle Manth First Year DECEASED OF DEATH Betty Fave BALLARD October 1067 (Type ar print) ça requires that the death certificate be executed IF UNDER 24 HRS AGE (In years S SEX 6 COLOR OR RACE B. DATE OF BIRTH 7 MARRIED 3029 NEVER MARRIED please remove last birthdoy) Months Hours Sept. 15, 1941 Cauc Female WIDOWED DIVORCED in any the attending physician and isit permit. Then please rem 10a USUAL OCCUPATION (Give kind of work done during most of working life, even in retired) 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, at fareign country) 12. CIT ZEN OF WHAT INDUSTRY Florida USA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME William Augustus Barker Bessie Louise Waters 17. INFORMANT Panasoffke, Floridatess WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. [Yes, no, of unknown] [(If yes give war or dates of service] Mrs. Rufus Adams, P.O. Box 175. Lake INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY HEMORRHAGE CAROTID ARTERY, Right IMMEDIATE CAUSE (a). DUE TO RANDOOMYOSARCOMP Right TONSil Conditions, if any, which gove rise ta immediate cause (a), stating the underlying cause by the hospital ar attending as the O FUNERAL DIRECTOR: After this certificate has been last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? far use NO YES DC 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part II of item 1B.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20c TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) (Stote) Not While foctory, street, office bldg., etc.) at wark at work 21. I certify that (1) (this haspital) attended the deceased fram May 24 19 67, to Oct. 17, 19 67, that (lx (we) last Page 4 may be retained director, page 3 should should be filed with the saw the deceased alive an Oct. 17 19 67, and that death accurred at 175PM, fram causes and an the date stated above 22b. DATE SIGNED 22a SIGNATURE Oct. 19, 1967 M.D DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) G. W. TAYLOR, M. D. Naval Hospital, Bethesda, Md 23d. LOCATION (City or Town) 23b DAJ'E THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) 230. BURIAL, CREMATION UBCKSONY, 1201 FUNERAL DIRECTOR W. W. Chambers Co. 2Sq. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE **ADDRESS** VR A15 (4) 1400 Chapin Street, N.W. Washington, D. C. 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH 4013 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14018 I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY # b. COUNTY requires that the death certificate be executed within 24 hours after MARYLAND LENGTH OF STAY IN 16 c CITY OR TOWN (If auxide carparate limits, write RURA), and give neared town) IS RESIDENC ON A FARM? NO DATE Year completely remove carba DECEASED signed by the ottending physician ond complete buriol-transit permit. Then please remove carb burial, cremation, or removal, ond in any event, (Type ar print) COLOR OR RACE 7. MARRIED FUNDER I YEAR IF UNDER 24 HRS Months Days WIDOWED DIVORCED IDo. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT P INDUSTRY COUNTRY? WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO ar unknawn) (If yes give war ar dates af service 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) attending physicion. DUE TO Conditions, if any, which gave 1 nse ta immediate cause (o), DUE TO stating the underlying cause os the hos been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 116) 19. WAS AUTOPSY PERFORMED? Poge 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate YES 🗀 NO P 2Do ACCIDENT WAS UNDERLYING [1] 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Manth, Day, Year 2Dd INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Hour 'o.m. factory, street, affice bldg., etc.) Not While at work at work 21. I certify that (1) (this haspital) attended the deceased fram 1952 director, page 3 shauld shauld be filed with the 1967, and that death occurred at 43 M, from causes and saw the deceased alive an. 22a. SIGNATURE 22b DATE SIGNED M.D. DIRECTOR 22d ADDRESS 22c PHYSICIAN'S NAME (Type) 1 . me. 1/A 23a BUR AL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Silver Spring Compteni 24 FUNERAL DIRECTOR 250 REC'D' BY REGISTRAR 25b' REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67



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FOR STATE				CERTIFICATE OF I		14019
delay s and 3 to A3. Page HEALTH DEAL		write RIRAL and give negrest town)	MARYLAND H OF STAY IN 1b	o. SIATENTAND C. C.TY OR TOWN (If outside	deceased lived, if institution: R PRINCE corporate limits, write RURAL or	GEORGE'S
PA PA	\vdash	SILVER SPRING 4 AME OF HOSP TAL OR INSTITUT ON (If not in hospital, give street	10 Days	LAUREL d STREET ADDRESS		e IS RES DENCE ON A FARM?
F S F		HOLY CROSS HOSPITAL OF SILV	ER SPRING	824 8th	Street	YES NO X
offer death 8 Guerrag alang with with the sta		NAME OF First DECEASED (Type or print) HELEN	M date	BARNES	OF OCTOBER	Doy Year 8 19 67
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24 hours in Item 18 ar's Office of Jest and 2 v	du	US_AL OCCUPATION (Give kind of work done ing most of working life, even if retired) INDUSTRY Unemployed	INESS OR	11 BIRTHPLACE (State or fo	"	12 CITIZEN OF WHAT COUNTRY?
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shauld be e he ward "per ta the Chief ! burial-transit		720 DUE TO	and old c	oronary thro	mbosis	* INTERVAL BETWEEN ONSET AND DEATH
ER: This certificate certificate, writing the ould be farwarded es. should be used as a should be used as a n, ar removal, and in,	CERT FICATION	PART II. OTHER SIGN.FICANT CONDITIONS CONTRIBUTING TO DEATH I		HE TERMINAL DISEASE CONDITION Enter nature of injury in Part I		19. WAS AUTOPSY REPEORMED? NO
	MEDICAL CE	CAUSE OF DEATH 20c TIME OF INJURY Month, Doy, Year Hour a.m. p.m. 19 20d INJURY DCCC While of work of	While Cocto	E OF INJURY (Home farm lary, street, office bldg., etc.)	20f (City or fown)	(County) (State)
_ 0 0 0 0 0		ACTUAL TO MODE AT 1	//	de , Hamicide CHIEF MEDICAL EXAM		and in my apinio
TO DEPUTY MEDICAL necessary, please ex the funeral director. 5 may be retained for TO FUNERAL DIRECTO Health prior to burior	22	EXAMINER S NAME (Type) BELDEN BUR AL CREMA* ON. 23b DATE THEREOF 23c NA	TOP 19	M D ASSISTANT MEDICAL EX-	MINER O	+, 8, 1967
VR A15ME (5)	2	EMOVALISPECTOR FULL ACTION FOR ACTION F	NION CE	METERY L	BURTONS VILLE REG STRAR 25H REG STR	ALWATE ALD
6M 1/67	11	75 WASA	1/9/VD_	MI PICT 1	1967 1961an	as Judge





	I1	CONS 1 &21 File 393 MARYLAND STATE DEPARTMENT OF HEALTH	
TO THE STATE OF TH	1,	14015 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1.4000
FOR S(ATE)			14021
HEALTH DEPT	1	PRACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Reside 5. COUNTY 6. COUNTY 7. STATE 7. STATE 8. COUNTY 8. COUNTY	nce before admission)
1 5 8 5 FE	L	MONTGOMERY MARYLAND MARYLAND MI	ONTGOMERY
any delay is , 2, m≡d 3 to n PM3. Page		b CITY OR TOWN (If outside carparate limits, write RURAL and grant PAL a	E Bethesda
		d NAME OF HOSP TAL OR INSTITUT ON (If not in haspitol, give street address) d STREET ADDRESS 5300 Westbroad Ave. HOLY CROSS HOSPITAL Axcova/&/&/\display/&/\	P IS RES L NEE ON A FARM? YES NOOFT
age at a second	3	NAME OF First Middle Last 4 DATE Month	Day Year
we for the		DECEASED (Type or print) HENRIETTA BASKIN DEATH OCt.	7 19 67
s after death If a Sive Pages 1, a ang with farm twith the Side Defin.	Ş.	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARR ED B DATE OF BIRTH 9 AGE (In years lost birthday) WIDOWED WIDOWED D VORCED BEB. 15, 1887 80 yrs	
Id be executed within 24 haurs after death rid "pending" in pencil in item 18. Give Page Chief Medical Examiner's Office a ang with fransit permit. File pages 1 and 2 with the Statevent within 72 hours after death.	10: du	u USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired) NEW YORK, USA	TIZEN OF WHAT DUNTRY? USA
n 2 al in ner's ages s aff	13	FATHER'S NAME 14 MOTHER'S MAIDEN NAME	ODA
vithi penc amii amii		Harris Cohen Silvia	
in pe Exan Exan File	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC A. SECUR TY NO 17 INFORMANT Address	ver Spg.Mc
xxecuted nding" in Medical E permit. F	(7	es, no or unknawn) (f yes give war or dotes af service) Mrs_Silvia Vogel- 1900 Lytt	onsvilleR
Thauld be exe ne ward "pendi a the Chief Me burial-transit pe		18. CAUSE OF DEATH (Enter only one couse per line for (d), (b), and (c).) PART : DEATH WAS CAUSED BY. MMEDIATE CAUSE (e) Bilateral lobar pneumonia,	INTERVAL BETWEEN ONSET AND DEATH
ard e Ch e Ch		260 X DUE TO	
e wa the wa the		(anditions if any, which gave) (b) Coronary artery heart disease	
ate ≡ g the d ta g bu		stating the underlying couse DUE TO	
ifficatifing anded and		lost (a) Diabetes Mellitus	19 WAS AUTOPSY
This certificate shauld icate, writing the ward be farwarded to the Cl be used as a burial-triemoval, and in any ev	CATION	PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE COND TON GIVEN IN PART 1(a)	PERFORMED? YES X NO
	CERTIFICATION	200 EXTERNAL CAUSE WAS PRIMARY I or CONTRIBUTING CAUSE OF DEATH 20b DESCR BE HOW INJURY OCCURRED (Enter nature of injury in Part II of item IB)	, ,
	MEDICAL	20c TIME OF INJURY Month, Day, Year 20d N.J.RY OCCURRED 20e PLACE OF IN.J.RY (Home, farm, Haur a.m. 20f (City ar tawn) (Co	ounty) (State)
MAM The th ge 4 your Page rema	A.	p.m. 19 al work L al wark L	
E TTA recute Page far yau R: Paga		21. I certify that Taak charge of the remains described shave, he d an Autopsy 7. Inspection 1 Inquiry	and in my apiniar
rtar eed reference		death resulted from: Natural couses 🗓 Accident 🗸, Suicide 🔲, Hamicide 🔲, Undetermined manner 🗍]
M M Sileas dure etair		SIGNATURE OF CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
Prior Aleron		EXAMINER'S TO DEPUTY MEDICAL EXAMINER	2 10/12
TO BEPUTY necessary, the funero 5 may be TO FUNEMA Health pri		NAME (Type) /2ELDEN K. KEA/) (1/L) Address of County) Color	1/16/
o Inece The The S m O FL		o. BURIAL CREMATION, PLANOVAL ISPECTIVE OCT. 9.1967 King David Mem Garden Falls Charol	"(Caunty) (State)
	7	Burial Oct. 9, 1967 King David Mem. Garden Falls Church	hanallea.
VR A15ME (5) 6M 1/67	1	Burial Oct. 9,1967 King David Mem. Garden Falls Church Bernard Danzansky Sons 3501 14th. Street, N. W.: Wash. D.C. DARC 11 Wb/	to mage





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14023 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased Eved, if institution, Residence before odmission) o. COUNTY o. STATE 5 COUNTY MARYLAND MIGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits, side corporate 1 mits, write RURAL and give negrest town) IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR DIST FUTION (If not in hospital, give street address) d. STREET ADDRESS within 72 NO P NAME OF carbon 4 DATE Year campletely DECEASED in any event, (Type or pant) DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed JNDER 24 FRS 6 COLOR OR RACE MARRIED NEVER MAKRIED DATE OF F JIH IF JNDER remaye Months Days HOLES WIDOWED **DW**ORCED and Too USBAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign 12 CITIZEN OF WHAT during most of working life, eyen if retired) please COUNTRY? attending physician permit. Then please and NURSE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar removal WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANI (Yes, no or inknown) (If yes give wor or dates of service crematian, 1B. CAUSE OF DEATH (Enter only one couse per line for (o). (b), ond (c). INTERVAL BETWEEN signed by the burial-transit PART I, DEATH WAS CAUSED BY. ONSELAND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO burral, 1 Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse priacyta the has been 9 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) Dept. of Health NO TO O FUNERAL DIRECTOR: After this certificate 20o ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port , or Port 16 of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20¢ TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While Hour o.m. foctory, street, of fice bldg., etc.) While of work 21. I certify that (I) (this haspital) attended the deceased from saw the deceased alive on and that death accurred at A —M. fram causes and on the date stated above 22a SIGNATURE 22b. DATE SIGNED STAFF 10-23-67 director, page 3 shauld be filed v M.D PHYS 22d ADDRESS 615 W. Montgomery Ave. 22c PHOSICIANS W. S. Murphy NAME (Type) Rockville, Maryland 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23o BURIAL CREMATION 23d LOCATION (City or Town) (Stote) REMOVAL (Spenty)
Burial 10-26-67 Goshen Cemetery Goshen. Maryland PUMPHREY, Bethesda, 250 RECD 8Y REGISTRAR 2Sb VR A15 (4) 25M 1/67

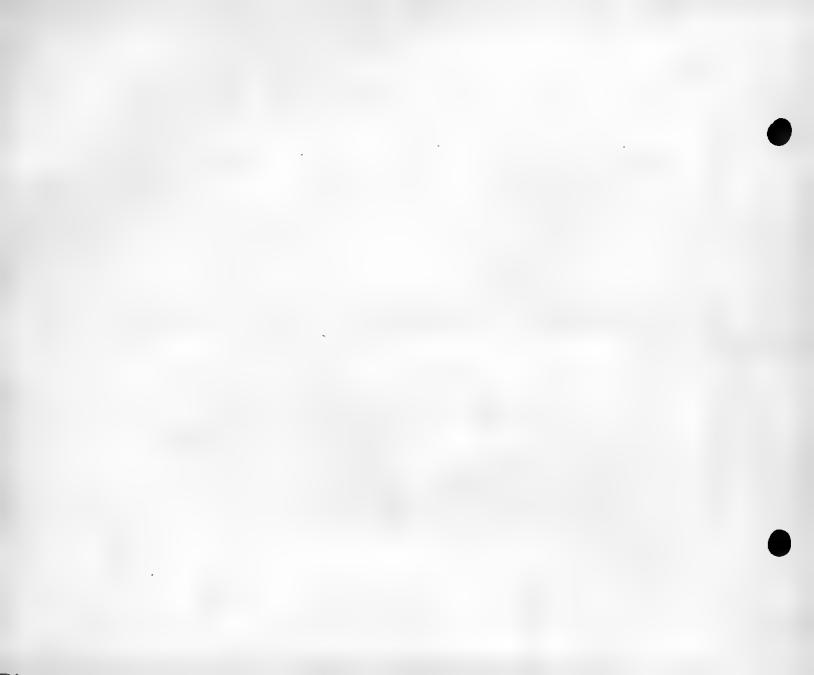


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 4019 CERTIFICATE OF DEATH 14024 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) · sounty o. STATE . Med in by the fune papers. Pages 1 a Win 72 haurs affer d MARYLAND b CITY OR TOWN (If outside copperate limits, C LENGTH OF STAY IN 16 od/side corporate limits, write RURAL and give nearest town) write RURAL and give_nearest, town) Coma d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? d STREET ADDRESS NO YES The law requires that the death certificate be executed within cortoon NAME OF Middle: DATE Month Year Doy etely DECEASED OF DEATH ridae avers (Type or print) 1960/ 7, MARRIED DATE OF BIRTH 9. AGE (In years IF UNDER IF UNDER 24 HRS NEVER MARRIED remove last birthdov) Months Dovs Hours burial-transit permit. Then please rema-burial, crematian, ar remaval, and in any WIDOWED DIVORCED 10o USUAL OCCUPATION (G-ve kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Store, or foreign country) 12 CITIZEN OF WHAT physician a during anost of working life, even if retired INDUSTRY Washington. D.C. 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME signed by the attending phy IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service OS 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I DEATH WAS CAUSED BY. INTERVAL BETWEEN IMMEDIATE CAUSE (o) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspitol ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying cause as the certificate has been State Dept of Health prior to WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) NO 5 200. ACC DENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) TO FUNERAL DIRECTOR: After this 20c. TIME OF INJURY Month, Dov. Year (County) (Stote) Hour o.m. factory, street, office bldg., etc.) While Not While of work L deceased fram ______, 1963 to 10/2 _____, 1962, that (1) (we) last 1967 , and that death accurred at 12^{37} M, fram causes and an the date stated above. 21. I certify that (I) (thus-hospital) attended the deceased from director, page 3 shauld saw the deceased alive on_ 220 - SIGNATURE 22b. DATE SIGNED MED. DIRECTOR M D PHYS 22d ADDRESS 22c Bryskian's 7105 Riggs Rd. Hyattsville, Md. 230 BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d LOCATION (City of Town) (County) Ft. Lincoln Cemetery Prince Georges County LEADDRESS THE 29 Con 15 02 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4 25M 1/67 2901-14×126



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12025 14023 CERTIFICATE OF DEATH 24 hours after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY a. STATE **L. COUNTY** Montgomery Florida MARYIAND b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 Sarasota 266 days Bethesda d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 1424 4th Street The Clinical Center, Bethesda, Maryland NO X YES | OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 3. NAME OF First Last DATE Manth Year DECEASED Orville 1967 John Beemer October burial, cremation, or removal, and in any event, (Type or print) DEATH S. SEX 6 COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH remove last birthdoy) Months White WIDOWED DIVORCED TX August 1916 Male 10c USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Writer 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? INDUSTRY Ohio USA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Lola Mae Biker John Beemer IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT The Medical Record 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war ar dates of service) The Clinical Center, Bethesda, Maryland No 299-05-1602 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Rupture of I INTERVAL BETWEEN signed by the burial-transit p CONSET AND DEATH Rupture of Left Carotid Artery by the haspital ar attending physician. DUE TO Recurrent Squamous Cell Carcinoma of Neck with 1 Year Conditions, if any, which gave rise ta immediate cause (a), Erosion of Carotid Artery DUE TO stating the underlying couse has been last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19 WAS AUTOPSY PERFORMED? YES TEXT NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of minuty in Part 1 of Part 11 of Item 18.) 20g ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20c T ME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) Not While MED. Haur a m. factory, street, office bldg., etc.) 21. I certify that (1) (this haspital) attended the deceased from Jan. 16, 1967, to Oct. 9, 1967, that (2) (we) last saw the deceased alive on Oct. 9 1967, and that death accurred at 11:45M, from causes and an the date stated above FUNERAL DIRECTOR: 22a SIGNATURE 22b. DATE SIGNED STAFF PHYS 11 October 1967 director, page 3 shauld be filed w M.D 22d ADDRESS The Clinical Center, National 22c. PHYSICIAN'S NAME (Type) Jean B. de Kernion, M. D. Institutes of Health, Bethesda, Md. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23c BJRIAL CREMATION 23b. DATE THEREOI - REMOVAL (Specify) 9 24. FUNERAL DIRECTOR 2Sd. REC D BY REGISTRAR 25b REDISTRAR'S SIGNATURE VR A15 (4) 25M 1/67



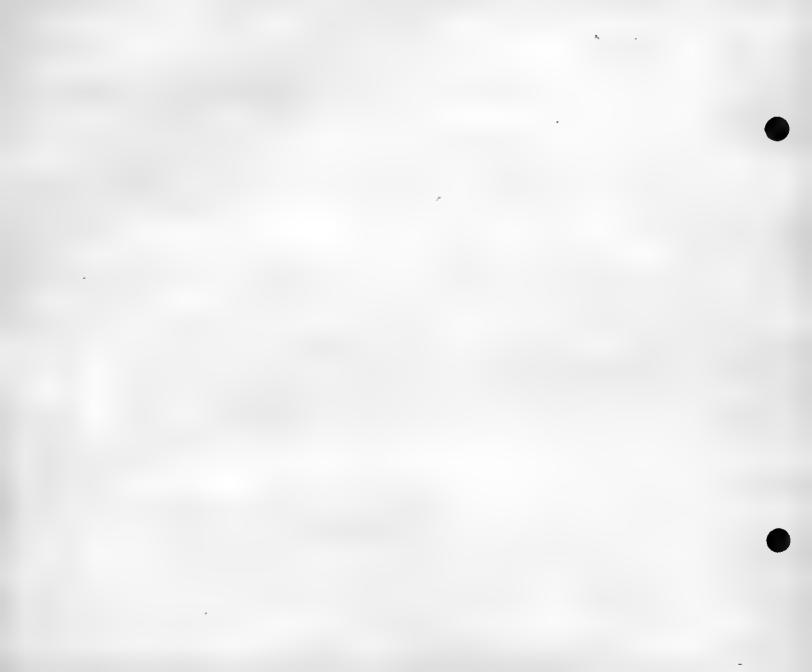
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14026 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) p. COUNTY b. COUNTY P.M.3. Poge 10 Montgomery MARY, AND Department b CITY OR TOWN (If outside corporate I mits. c LENGTH OF STAY N 16 c CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) Washington DC Silver Spring d NAME OF HOSP TAL OR INSTITUTION (f not in hosp to, give street oddress) e Š REŠIDENCE ON A FARM? d STREET ADDRESS Holy Cross Hospital 1717 Juniper St NO DE after deoth GruenPag 3 NAME OF 4 DATE Middle Mon h Lost Dov Year DECEASED OF 19 67 10 Robert Bengis (Type or print) DEATH 7. MARRIED TO 5 SEX 6 COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED lost birlinday) Months Days Hours 72 hours after death male white WIDOWED DIVORCED 10a LSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUS NESS OR 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT INDUSTRY COUNT dure the least of the seem that the 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within Katherine Morris Bengis 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO Address the Chief Medical (Yes, no, grunk nown) (If yes give wor or doles of service) event within 4 Dorothy Bengis Item # 2 INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line fer (o), (b), and (s) burrol-tronsit PART I, DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) 4201 DUE TO Conditions, if ony, which gove : rise to immediate couse (a). forworded to DUE TO stating the underlying couse 0 PART I OTHER SIGN F CANTICOND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY or removol, CERTIFICATION pe O 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW NULRY OCCURRED (Enter noture of mury in Port I or Port II of item 18) 3 should PRIMARY I or CONTRIBUTING AL EXAMINER: CAUSE OF DEATH 20c TIME OF INJURY Mon h Doy Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Home, form, (City or lown) (County) Hour o.m foctory, street, office bldg, etc.) Not While DIRECTOR: Poge at work 21 I certify that Ltook charge of the remains described above, held an Autapsy Inspection 🔽 Inguity V and n my opinian Natural causes Aroident deoth resulted Suicide Ham cide Undetermined manner director retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Heolth prior SIGNATURE. 230. BUR AL CREMATION. 23b DATE THEREOF 23c NAME OF CHMETERY OR CREMATORY 23d OCATION (City or Town) (County) 0 Cremation 10/9/67 Cedar Hill Crematory Suitland Md. Gawler Sons / Inc. VR A15ME (5) DATE



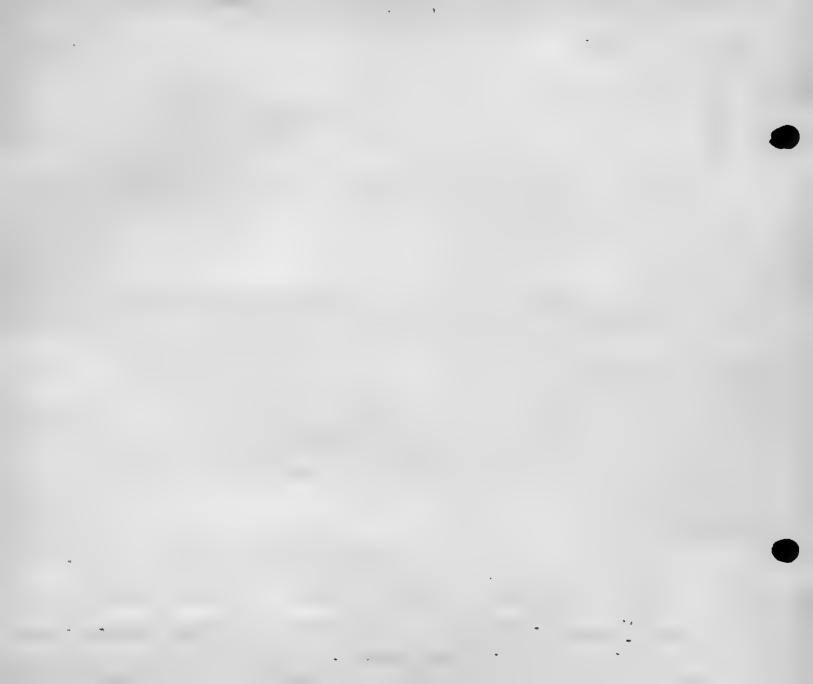
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 4022 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY a. STATE b. COUNTY Montgomery Maryland MARYLAND Anne Arundel b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) c. LENGTH OF STAY IN 16 5 min. Laurel Takoma Park law requires that the death certificate be executed within 24 hour d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RES DENCE ON A FARM? Washington San & Hospital 350 Cokeland St. NO 🚍 3. NAME OF Middie 4. DATE DECEASED 10 Jodi 67 Lynn Berger (Type of pent) DEATH 6 COLOR OR RACE IF UNDER 24 HRS DATE OF BIRTH 7 MARRIED NEVER MARRIED 9. AGE (In years lost birthdoy) Oct. 1, 1967 Female White WIDOWED DIVORCED 100 USUAL OCCUPATION (G ve kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY by the attending physicion transit permit. Then please cremotian, or removal, and i Montgomery Co. , Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Richard Eugene Berger Patricia Ann Wess 15. WAS DECEASED EVER IN U.S. ARMED FOR CES?
(Yes, no, or unknown). (If yes give wor or dates of service) 16 SOCIAL SECURITY NO 17. INFORMANT Richard Berger Laurel, Maryland 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the buriol-transit buriof, cremoti PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o). DUE TO stating the underlying couse 19 WAS AUTOPS PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 200 ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (home, form, 20f. (Cty or town) (County) (Stote) Hour 'o m. foctory, street, office bldg , etc.) Not While at work ot work **DIRECTOR:** After fram______, 19____, ta______, 19____, that (1) (we) last and that death accurred at______M, from causes and an the date stated above. 21 I certify that (I) (this hospital) attended the deceased fram saw the deceased alive an_ 22g SIGNATURE 22b. DATE SIGNED DIRECTOR M.D. 22d. ADDRESS O FUNERAL NAME (Type) N. Stoehr, M.D., 831 University Blvd., E., Silver Sprin 23b DATE THEREOF 23d LOCATION (City or Town) 230 BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 10-2-67 REMOVAL (Specify) Washington San & Hospital Takoma Park, Montg., Md. 24 FUNERAL DIRECTOR ADDRESS 25b REGISTRAR S SIGNATURE J.D. Ruffcorn, 7609. Carroll Ave., Takoma Park,



]	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 140	28
HEALTH DEPT. 보유 등 등	1 PLACE OF DEATH 0. COUNTY MARYLAND 2 USUAL RESIDENCE (Where deceosed I ved, if institution- Residence before constant to the country of t	e admission)
The state of the s	b. CITY OR TOWN (If ourside corporate limits, write RURAL and give pures write RURAL and give pures flawn) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If ourside corporate limits, write RURAL and give pures flawn)	1-1
_ X 0 0 1	Superhan 8516 Fex Bun	e, IS RESIDENCE ON A FARM? YES NO
o de de	3 NAME OF DECEASED (Type or print) 5 SEX 6 COLORDE RACE 7 MARRIED TO B. DATE OF BIRTH 9 AGE (n. years J. FUNDER YEAR	19 67 19 17 JNDER 24 HRS
haurs after Item 18 Giv Office olang I and with it	5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (n years lost bursted or) Months Doys 100 JSJAL OCCUPATION (Give kind of work done 100 K ND OF BUSINESS OR 11. BIRTHPLACE (Store or fore an country) 12 CITIZEN OF	Hours Min.
s s s	during most of working life even if retired) DIR. OF EDUCATION FECTIONICS ENER. 14 MOTHER'S MAIDEN NAME 14 MOTHER'S MAIDEN NAME	
d within in pencil Examine File pag	HERMAN BERNSTEIN CHARLOTTE GILVEKSTEA	2/
ne executed pending" in set Medical Ensit permit. Find within 72	(Yes not or unknown) (If yes give wor or dotes of service) 121-07-4601 JOAN BERUSTEIN (SOLUCE	
uld be executed ward "pending" in perchet we Ch.ef Medical Executed Executed Executed Within 72 herent withi	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Myocardial infarction	ERVAL BETWEEN SET AND DEATH
s certificate should be executed within 2, writing the ward "pending" in pencil is farwarded to the Ch.ef Medical Examiner used as a burial-transit permit. File pages loval, and in any event within 72 hours al	Conditions, ill ony, which gove nose to immediate couse (a), stating the underlying couse (b) (c) (c)	mediate
This certificate, writh be farwal be used removal,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 YI	WAS AUTOPSY PERFORMED? ES NO
+- _ -	YI 200 EXTERNAL (AUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH 201 CAUSE OF DEATH 202 CAUSE OF DEATH	
L EXAMINER: ecute the certi Page 4 should ar your files. R:Page 3 shoul I, cremation, o	20c I.ME OF INJURY Manth, Day, Year Hour o m. p.m. 19 20d IN.JRY OCCURRED While of work of wo	(State)
of, P. P. Coll.	death resulted fram: Natural causes 💢 , Accident 🗌 , Suicide 🔲 , Homicide 🔲 , Undetermined monner	l in my apinian
	SIGNATURE EXAMINER'S M.D. ASSISTAN' MEDICAL EXAMINER IN 10/4/67	22. DATE SIGNED
TO DEPUTY necessary, the funeral 5 may be 1 TO FUNERAL Hea th pria	NAME (Type) Address (Street, city, town, or county) 230 BUR.AL, CREMATION, 23b DATA THEREOF 23c. NAME OF CEMETERY OR CRANATORY 23d LOCATION (City or Town) (County) FREMOVAL (Specify) 1018/67 MT. AARAT CAM. FARMING SALE, L.I., L.) (Stote)
VR A15ME (5) 6M 1/67	Lessen Free Jone 4217.925 Tel Date OCT 9 1967 REGISTRAR SUGMINI	Judge



1	M DIVISION OF STATISTICAL R	ARYLAND, STATE DEPA ESEARCH AND RECORDS, 30	ARTMENT OF H DI W. PRESTON S	EALTH IREET, BALTIMORE	1, MARYLAND
	4024	CERTIFICATE	OF DEATH		14020
1.	PLACE OF DEATH		2. USUAL RESIDENCE	(Whare deceased lived, If in	stitution: Residence before edmissi
	MONTGOMERY	MARYLAND	. STATE Mary	land b. COUNT	Montgomery
	b. CfTY OR TOWN (if outside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IP'es	utside corporate limits, write i	RURAL and give nebrest town)
-	d. NAME OF HOSPITAL OR INSTITUTION (IF	MD Y days) not in hospital, give street address)	d. STREET ADDRESS	spring.	a. IS RESIDEN
	Fairland Nog Home	selver Sp ma 2090	1010 6	ld Columbia	Pike ON A FAR!
	NAME OF First DECEASED	Middle	Last 4.	DATE Month	Dey Year
	(Type or print) SEX To COLOR OR RACE!	Virginia B	erry	DEATH /	29 1967
	female white	MARRIED WEVER MARRIED (S) 8. UNIDOWED (1) 8. UNIDOWED (1)	DATE OF BIRTH		FUNDER 1 YEAR 1F UNDER 24 HR Months Days Hours Min.
10.00	USUAL OCCUPATION (Give kind of work	105, KIND OF BUSINESS OR INDUSTRY	11, BIRTHPLACE (County I	State, or foreign country)	12. CITIZEN OF WHAT COUNT
L	one during most of working life, even if retired	private done	Edgehill,	Verginia)	u.sa.
13	ATHER'S NAME	1	4. MOTHER'S MAIDEN NA	WE	
<u>(</u>	Uesley Berry . Was deceased ever in u.s. armed force	FS? 16 SOCIAL SECURITY NO. L. 17 THY	JOLA KOL	llen Address	
Y	es, no, or unkown) (Ifyasgive war or dates of ser	VICE) UEA. RO	-P 1 1	3 Dil 1	2101 Faciland Rel Sil. Sp. Mil. 2091
	18. CAUSE OF DEATH Enter only one of			·	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Chramos	colorin	Glueroling	2 ULOV
	157 X DUE TO	Pa		1	
	Conditions, if any, which (b)	Corcen	one /	weercos	,
	(a), stating the underlying DUE TO				
		ONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL	DISEASE CONDITION GIVE	N IN PART 1(e) 19. WAS AUTOPS
	Sin	I arterio	relevous		YES NO
	OR CONTRIBUTING CAUSE OF DEATH	206. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of 'njury in Pe	nt I or Part II of item 18.)	
	20c. TIME OF INJURY Month, Day, Year	20d. INJURY OCCURRED 20e. PLACE	OF INJURY (Home, farm,	20f. (City or town)	(County) (State)
	Hour e.m.	While Not While factory	, street, office bldg., etc.)		
	21. I certify that (I) (this hospita		4 / / 19	17, 10/0/29	, 19.47, that (I) (we) I
	saw the deceased alive on/	7	eath occurred at /s A		nd on the date stated above
	220. SIGNATURE		ATTENDING MED		22b. DAT
	22c. PHYSICIAN'S War	M.D.	PHYS. DIRE	CTOR PHYS.	Oct. 29, 1
	NAME (Type) J MWG	HER	for a	urelz	ul
31	e, BURIAL, CREMATION, 23b, DATE THERE	OF 23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City, town	or county) (State)
	Burial Nov. 1	1967 Fort Lincoln (enetery	Prince George	s Col Ad
14	TAMERAS DIRECTOR'S SIGNATURE	Missed Jeorgia Aver	DATE DATE	V TGISTRA 1967. REG	The younge
	arner (. Pumpnrey, Inc	· Silver Spring, M	d. IDAIE		E. 3

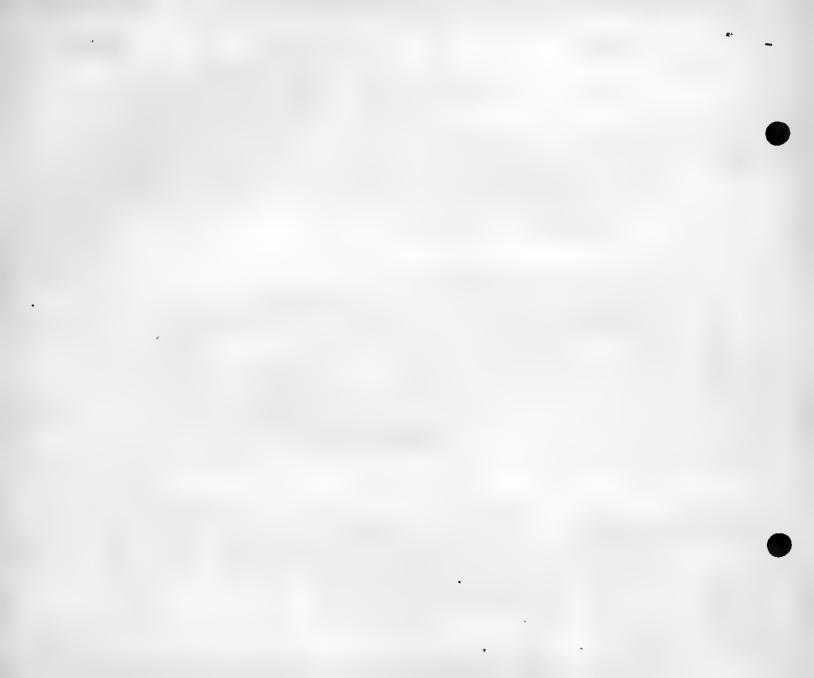


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14030 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY a. STATE b. COUNTY Montgomery Marvland MARY! AND Montgomery b. CITY OR TOWN (If outside corparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside agrorate limits, write RURAL and give negrest tawn) O. A. filled in by papers Pg Wheaton d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RES DENCE ON A FARM? Holy Cross Hospital 3515 Farthing Drive YES NOX NAME OF Éirst Middle remave carban 4. DATE Lost Month Day Year DECEASED VERNE BERTSCH event, RUBEN Oct. 19 67 (Type or print) DEATH F UNDER I YEAR 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) White and in any Male WIDOWED DIVORCED 5/25/25 and 10a US_ALOCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CH ZEN OF WHAT 11. BIRTHPLACE (County & State or foreign country) physician a during most of working life, even if retired) Nat. COUNTRY? EXAMINE C 1/2 1 0+ Pk. Serv. 13. FATHER'S NAME 14 MOTHER S MAIDEN NAME ar removal, Otto Bertsch Edna Schmidt Address Wheaton. Md. IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service Barbara Bertsch 3515 Farthing Dr. Yes crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c) INTERVAL BETWEEN signed by the burial-transit i K PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. H DUF TO MED Canditions, if any, which gove rise to immediate cause (o). DUE TO stating the underlying cause the State Dept. of Health prior to last. use as PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? NO 20g ACC DENT WAS LINDER, YING 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Part II of them 1B.) OR CONTRIBUTING CAUSE OF DEATH 区 (IF EITHER, NOTIFY MEDICAL EXAMINER) A. O FUNERAL DIRECTOR: After this 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) 回 Hour 'o.m. factory, street, office bldg., etc.) Not While at work at work 21. I certify that (1) (this hospital) attended the deceased from director, page 3 shauld shauld be filed with the saw the deceased alive on and that death occurred at M. fram causes and an the date stated above 22d SIGNATURE 22b. DATE SIGNED PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 5201 Lordalph 23 a BURIAL CREMATION 23c NAME OF CEMETERY OR CREMATORY. 23d. LOCATION (City REMOVAL (Specify) pt VR A15 (4) 25M 1/67



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14028 CERTIFICATE OF DEATH 14031 hours ofter death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY MONTGOMERY ONTG-OME MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 1 Mo. 25 days BETHESOA d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS within 72 KENSINGTON 5901 GREENTREE NO EX 3 NAME OF Middle DECEASED (Type or print) and in any event, DEATH The low requires that the death certificate be executed 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR NEVER MARRIED WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? GREEN FIELD , IND 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, or removal. DR. JAMES P. BLACK 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address (Yes, no, arunknown) [(If yes give war ar dates of service Same as Item 2. 354-18-5049 an S. Black 18 CAUSE OF DEATH (Enter only one cause per line for (p), (b), and (c). INTERVAL BETWEEN signed by the burial-transit PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave nse to immediate cause (a), DUE TO stating the underlying couse Page 4 may be retained by the hospital or attending PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WASALTOPS PERFORMED? исимоги NO 20a ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) Hour'a m. factory, street, office bldg, etc.) Nat While 21. I certify that (I) (this heapital) attended the deceased fram. nov 19.06 to 196 7, that (I) (we) last 26 19 67, and that death accurred at 2-37 M, fram causes and an the date stated above. saw the deceased alive an 22g. SIGNAJORE DATE SIGNED M.D. DIRECTOR director, page 22c. PHYSICIAN'S MITSHELL Rockville, Maryland 23a BUR A., CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) 10-5-67 Baltinore, Maryland Burial 0 Ballimore Natl Cem 25b. REGISTRAR S SIGNATUL 24 FUNERAL DIRECTOR PUMPHREY, Rethesda, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

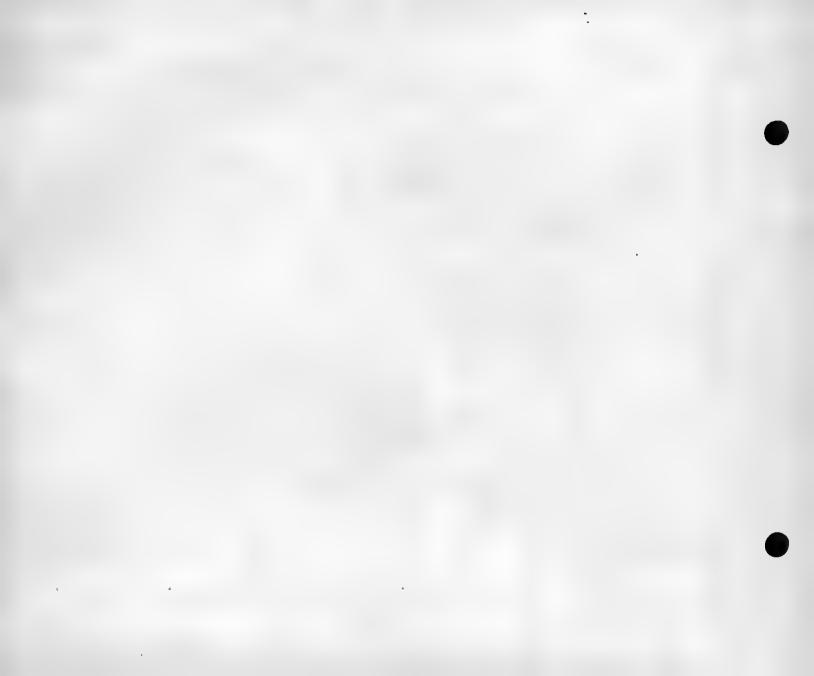
4827	CERTIFICATE	OF DEATH		14032
I PLACE OF DEATH				n Residence before admission)
MONTGOMERY	MARYLAND	O. STATE	GTON b. COUN	n o
b CITY OR TOWN (If outside corporate limits, C	c LENGTH OF STAY IN 16	c CITY OR TOWN (if outside c		AL and give nearest fawn)
write RURAL and give nearest town)	1 124	·		
d NAME OF HOSPITAL OR INSTITUTION (If not in hose	pitol, give street oddress)	d. STREET ADDRESS		e IS RESIDENCE
UNILERSITY A	VURSING HOME	165961	of Win BIAI	PO VIA YES NO DO
3 NAME OF First	Middle	Last 4 D		
(Type or print) S ANILEL (NO MIDALENAMA	1 BLOCK 8	F EATH	10/21 1967
S SEX 6 COLOR OR RACE 7. MAR		DATE OF BIRTH	9 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
MALE WhITE WIDO		7/1/1883	lost birthdoy) S 4 yrs.	Months Doys Hours Min
Do USUAL OCCUPATION (Give kind of work done lumps most of working life, even if retired)	Db. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote	or foreign country)	12 CITIZEN OF WHAT
BUSINESSMAN	INDUSTRI	POLAND		COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
MURALAM		UNKN	ELW	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ((If yes give wor or dotes of service)		NFORMANT seeing the	→ Addres	5
No	308-30-6874 M.	RSKUTH F	PEY -16	29 - Columbia 2011
1B. CAUSE OF DEATH (Enter only one couse per lie	ne for (o), (b), and (c).)	4	/	INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)	-YMPHOSAK	COMH		ONSET AND DEATH
≠ DUE TO				
Conditions, if ony, which gove (b)				
stoting the underlying couse DUE TO				
last. (c)				
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(0)	19 WAS ALTOPSY PERFORMED?
200 ACCIDENT WAS UNDERLYING 21 OR CONTRIBUTING CAUSE OF DEATH 21 OF CONTRIBUTING CAUSE OF DEATH 21 OF CONTRIBUTING CAUSE OF DEATH	OF DESCRIPT HOW INDION OSSUDDED			YES NO
200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH	OB DESCRIBE HOW INJURY OCCURRED (Enter noture of injury to Port I of	or Port II of Hem 18.)	
	The second secon		005	
Nove on ms	mad normal for	E OF INJURY (Home, form, pry, street, office bldg., etc.)	2Df (City or town)	(Caunty) (State)
pm. 17 c	ot work at work		7 /	1
21. I certify that (I) (this hospital) a	ittended the deceased from	10/19.196,	to 10/2	1, 196 / Ihat (1) (wo) la
saw the deceased alive on 220. SIGNATURE	19 6 and that	death accurred at 112	M, from couses o	nd on the date stated abov
220. Signature	2-9-1/C M.D	ATTENDING MED DIRECT	STAFF	10 19: 117
27C. PHYSICIAN'S	O C S C ML	PHYS DIRECT	OR L. PHYS. L.	10/4/6/
NAME (Type) Walter E. Go	pzh. M.D.	2309 Shorefi	ald Dd ub	eaton Md
230 CBURIAL, CREMATION, 236 DATE THEREOF	234 NAME OF CEMETERY OR		d LOCATION ((ity or Tow	
REMOVAL (Specify)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	rew Cim	Hoton	1/2/1/2011
24 FUNERAL DIRECTOR	ADDRESS	250 REC'D BY RI	GISTRAR 25b REC	SIRAR S SIGNATURE
Brigard Ham and	buls -3501-14	SLIW DATE OFT 2	4 1967 2	liance judges

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death...

Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplefely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbom-papers. Pages 1 and should be filled with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within, 2 haurs after deal should be filled with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within, 2 haurs after deal



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14034 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o COUNTY P.M3. Poge permit. File pages land 2 with the State-Department of MARYLAND delay C LENGTH OF STAY IN 16 outside corporate limits, write RURAL and give nearest town fil outside corporete limits. pup and give nearest town CHASE d NAME OF HOSPITAL OR INSTITUTION (if not in hosp to, give street oddress) d. STREET ADDRESS e IS RESIDENCE form ON A FARM? GIVE Pages 1 YES NO IX This certificate shmuld by emecuted within 211 hours ofter death icote, writing the word "pending" in pencil in Item 18. Givin the be forwarded to the Chief Medicol Examiner's Office along with NAME OF Middle DATE DECEASED OF DEATH Type or pant) JOMAR S SEX AGE (In years 6 COLOR OR RACE 7 MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours ony event within 72 hours ofter death WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 12 CIT.ZEN OF WHAT 11 B:RTHPLACE (State or foreign country) during most of working I to, even if retired) IVANS, PHILLIPSA ARtenbuca S. CAROLIN 13. FATHER'S NAME BROWN 16 SOCIAL SECURITY NO 17 INFORMAN Address CHEUY CHASE (Yes, no, or unknown) (If yes give war or dates of service) AB CAUSE OF DEATH (Enter only one couse per ine for (o), (b), and (c) PART 1. DEATH WAS CAUSED BY: NTERVAL BETWEEN buriol-transit p ONSET AND DEATH houte Cerenary thrembesis,, descending breach, IMMEDIATE CAUSE (o) suddem **DUE TO** left cerenary Conditions, if ony, which gove Advanced Cerenary arteriescleresis Years rise to immediate couse (a). DUE TO stating the underlying couse 0 puo lost. removol, WAY AUTOPSY PERFORMED? PART II OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(0) MEDICAL CERTIFICATION the certificote, YES X NO 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW MURY OCCURRED (Enter noture of injury in Port or Port I of item .8) 3 should PRIMARY O or CONTRIBUTING cremation, or 4 should MEDICAL EXAMINERS CAUSE OF DEATH 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Home, form, (City or fown) (County) (State) Hour a.m. foctory street, office bldg., etc.) moy be retained for your FUNERAL DIRECTOR: Page Page 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection V and in my opinion Natural couses deoth resulted from: Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER prior to ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE the funeral DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 moy h NAME (Type) Address (Street, city, town, or county) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION. (County) REMOVAL (Specify)
Cremation 10/25/67 Cedar Hill Crematory 24 FUNERAL DIRECTOR Joseph Gawler's Sons ADDRESS VR A15ME (5) Wisconsin Avenue, N.W., Wash. D. C.20016



Page

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hor

and

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

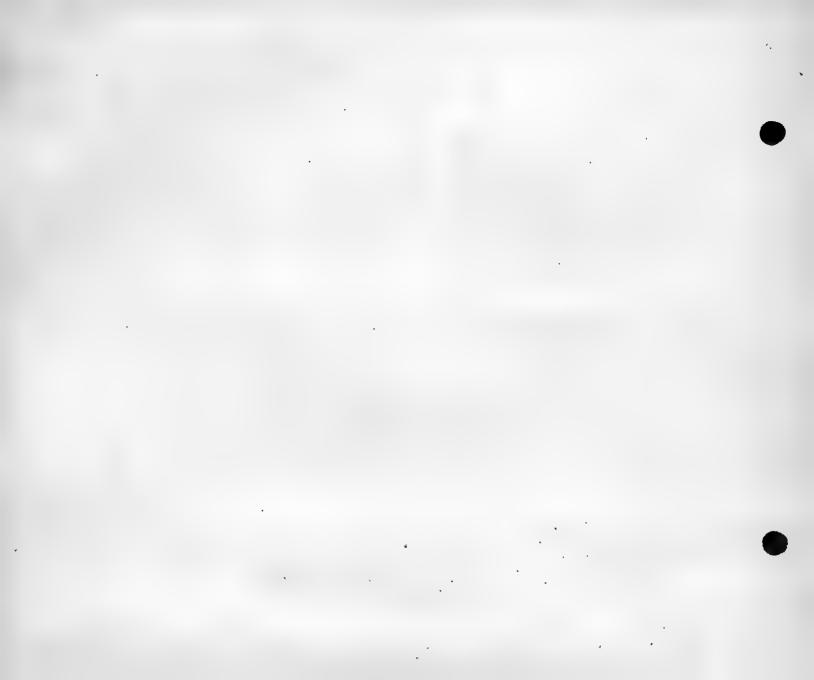
14035

CERTIFICATE OF DEATH

Reg. Dist. No.

1	PLACE OF DEATH o. COUNTY Montgomery MARYLAND					2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 5. STATE 6. COUNTY Plant Tont 50mory						
	b. CITY OR TOWN (RURAL and give n	If outside corporate limiteorest town)	ts, write	c. LENGTH OF STAY IN 1	ь	c. CITY OR TOWN	N (If outside corp	porole limits, write R	tURAL and	give nea	rest town	1)
	Rockvi			Rockville								
n	d NAME OF HOSPITON	TAL (If not in hospital, g	ive street o	oddress)		d. STREET ADDRESS					e. IS RESIDENCE ON A FARM?	
	207 Upton	Street		207 Upton Street YES NO								
A 3	NAME OF DECEASED (Type or print)	MARY	la l	Middle ELIZABETH	В	RIDGES	4. DATE OF DEATI	Mor October	15,	Day		Year 19 67
:	5. SEX	6 COLOR OR RACE	7. MARRI	IED 🔼 NEVER MARRIED		ATE OF BIRTH	-	9 AGE IIn years	IF UNDER			
-1	Female	White	WIDOWE	D DIVORCED	Ha	y 9,1916	5	5 Tost birthdoy)	Months	Days	Hours	Min.
1	Oo. USUAL OCCUPATION during most of work HOUSEWIFE	ON (Give kind of work of king life, even if retired)	lone 10b. I	kind of Business or in Own home	DUSTRY	1	(Stole or foreign	* *	12. CIT	ZEN OF		OUNTRY
1	3. FATHER'S NAME		7.		1.	. MOTHER'S MAIL	DEN NAME					
	Karl F.	Miller				Ethel Og	gden					
		R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	INFO	RMANT	<i>μ</i>	Add	ress			
- [(Yes, no, or unknown)	(If yes, give wer or dates of se	57	77-24-9881	Rob	ert W. I	Bridges	-Item # 2	2			
	Conditions, if o gove rise to i couse (o), stoling lying couse lost. PART II OTH	the under- DUE TO the significant cont	DITIONS C	ONTRIBUTING TO DEATH	BUT NO				a ses	ONS	9. WAS	DEATH
- 1		AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	_	RIBE HOW INJURY OCCU	,	<u> </u>						
1	20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a.m. While Not while of work of work of work								(State			
-1	21. I certify th	at, I attended the	decease	ed from May	196	7.19, to	10/15	167,19	that I lo	ist sav	the d	ecease
	alive an 10/15/67, 19, and that death accurred a 3/20/AM, from the causes and an the date stated ADDRESS (Street, city or town, state)											
	ACTUAL SIGNATURE	leurs C:	D	ruggo Ru	D.	5413	(pda	1 have			ofre	5/6
	PHYSICIAN'S NAME (Type)	VENRY C	, 50	ZRUGGS M	10	Beth	lesda	Mul			/ /	
2	P20 BURIAL, CREMATIC REMOVAL (Specify)		F	ZZc. NAME OF CEMETER	OR CR	EMATORY	22d LOC	ATION (City, town,	or county)		(Stof	e)
Ī	Burial (specify)	10/17/6	7	Rockville			Rock	ville. Ma	aryla	nd		
	FUNERAL DIRECTOR		7 TT	ADDRESS		240.			STRAR'S SI		E	
Tyson wheeler funeral Home-131 Rockville Pike OCT 17 1967 Level See								rede	18-			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and the registrar prior to burial, crematian, or removal, and in any event within 72 hours after death. TO HOSPITAL OR VS A15 (4) 15M 9/58



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14036 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY o. STATE h COUNTY MARYLAND Maryland Montgomery Montgomery c CITY OR TOWN (If autside corporate limits, write RURAt and give nearest town) b CITY OR TOWN (If outside carparate limits. C LENGTH OF STAY IN 15 write RURAL and give nearest tawn) Wheaton 23 Mos. 19 Dals Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 717 Lowander Lane YES NO V University Nursino Home NAME OF 4 DATE carbon Middle Last Month Day Year DECEASED (Type or print) Yette Brott DEATH Actober PHYSICIAN: The law requires that the death certificate be executed 9 AGE (In years lost birthday) IF UNDER 1 YEAR IF LINDER 24 HRS S. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED R. DATE OF BIRTH Months Davs WIDOWED DIVORCED 1890 Female Caus. 12 CITIZEN OF WHAT 10a LSUAL OCCUPATION (Give kind of work done 106. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) COUNTRY? during most of working life, even if retired) INDUSTRY Housewife Russia 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Louis Katz Unknown 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, no, or unknown) [(If yes give war or dates of service) 79-01-8186 Harry Brott. Same as 2 INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I DEATH WAS CAUSED BY **burial-transit** ONSET AND DEATH IMMEDIATE CAUSE (a) signed by DUE TO Conditions, if any, which gave rise to immediate couse (a). DUE TO stating the underlying cause as the this certificate has been last. 19. WAS AUTOPS PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? for use NO X YES F 20g. ACCIDENT WAS UNDERLYING [1] 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Nat While Haur a.m. factory, street, office bldg., etc.) at wark TO FUNERAL DIRECTOR: After at wark W 19 (p) that (l) (we) last 21. I certify that (1) (this hospital) attended the deceosed from Selection, 1952, to because 13 1967, and that death occurred at 2 CV DM, from causes and on the date stated above. sow the deceased alive on Sef-22b. DATE SIGNED 22a, SIGNATURE STAFF PHYS. DIRECTOR . M.D. director, page should be filed 22d. ADDRESS 2025 I Street 22c. PHYSICIAN'S B. P. Lafsky NAME (Type) Washington, D. C. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BJRIAL, CREMATION, 23b. DATE THEREOF (County) REMOVAL (Specify) 10-22-196 Geo. Wash. Cemetery Hvattsville, Md. 2So. REC D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE FUNERAL DIRECTOR-VR A15 (4) Ochemia Judge

MARYLAND STATE DEPARTMENT OF HEALTH



Page 4 may be retained O FUNERAL DIRECTOR:

The law requires that the death certificate be executed within 24 hours after death.

M.D 22c PHYSICIAN'S NAME (Type) John R. Spencer Takoma Pka Hospital, Takoma Pk, 23d LOCAT ON (City or Town) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, 23b DATE THEREOF 10-23-67 Goshen Cemetery Church Hill, Tenn. 24. FUNERAL DIRECTOR

VR A15 (4) 25M 1/67 Francis H. Barber

Laytonsville. Md.

14037

Dov

12. CITIZEN OF WHAT

INTERVAL BETWEEN ONSET AND DEATH

19 WAS AUTOPS PERFORMED?

NO F

(Stote)

COUNTRY

(County)

■0 🖪



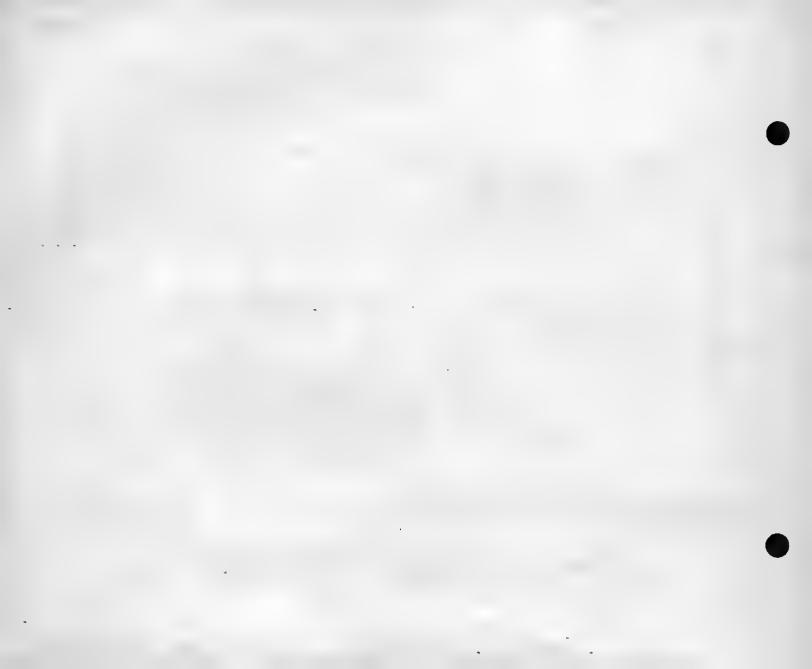
1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND							
다 등 7 년	4033 CERTIFICATE OF DEATH 1403							
er death. e funeral 1 and 2 er death.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence a. COUNTY b. COUNTY MARYLAND MARYLAND 1) County Maryland	before admission)						
Tage State of the	b. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest fown) c. LENGTH OF STAY IN 1b. e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)							
xsouted within 24 bodis of completely filled in by emove carbon papers. Pa	Sello Arckord Rood Control	. IS RESIDENCE ON A FARM?						
within pretely carbon pritting in within	3. NAME OF First Middle Last 4. DATE Month Day (Type or print) Doy ottoo At 1 14 Ryown	Year 19 6 7						
executed w	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Cas Widowed Divorced 11-29-1893 73 yrs.	Hours Min.						
G)	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN (COUNTRY) 13. BIRTHPLACE (County & State, or foreign country) 14. COUNTRY 15. CITIZEN (COUNTRY) 16. COUNTRY 17. CITIZEN (COUNTRY) 18. CITIZEN (COUNTRY) 19. CITIZEN (COUNTRY) 10. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 10. CITIZEN (COUNTRY)	F WHAT						
certificat ding phy Thee p	Charles Schillina 14. MOTHER'S MAIDEN NAME Minnie							
eath certifi attending ernit. The	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Ifyes give war or dates of service) No (Ifyes give war or dates of service) S78-44-3956 James R. Brown Rockville, Maryland							
t the dan. I by the	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Physical Failure ONSI	RVAL BETWEEN ET AND DEATH						
requires that the death certificate be ding physician. been signed by the attending physician the burial-tra≡it mernit. Thm please or to burial, cremation, or removal, and in the burial cremation.	Conditions, if any, which gave rise to immediate (b) Precumencial - atalestass 48.	kau _						
law redirtendir as be as the prior i	underlying cause last. (c) Brunchitis - sewel - acet 92	WAS AUTOPSY						
DING PHYSICIAN: The law requires that the by the hospital or attending physician. Miter this certificate las been signed be detached for use as the burlal-trage State Dept. of Health prior to burlal, cre	Coruncus arting disease; Cong heart failure; Cerebral was insufficiently as the constitution of them 18.) 202. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part II of Item 18.)	PERFORMED?						
NG PHYS by the 1 ter this be detac tate Del	20c. TIME OF INJURY Month, Day, Year Hour a.m. 20d. INJURY OCCURRED Hour a.m. 19 at work at wo	(State)						
ATTENDING retained by CTOR: Nite should be with the Star	21. I certify that (I) (this hospital) attended the deceased from 1960, to Oct 4, 1967, the saw the deceased alive on Oct 4 1967, and that death occurred a 230aM, from the causes and on the date	e stated above.						
IL OR A ay be ri DIREC Sage 3 filed wi	22a. SIGNATURE 22b. DATE S	1967						
TO HOSPITAL OR ATTENDING Page 4 may be retained by TO FUNERAL DIRECTOR. Miter director, page 3 should be State with the State	22c. PHYSICIAN'S NAME (Type) NAME (Type) NAME (Type) 23a. BURIAL, GREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR GREMATORY 23d. LOGATION (City, town or county)	(State)						
10 T T 12 A	REMOVAL (Specify) Oct. 7, 1967 Cedar Hill Cemetery Suitland Maryland							
VR A15 (4)	Warner E. Pumphrey, Inc. Silver Spring, Md. DATE OCT 9 1967 Charles	Judges						



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14039 CERTIFICATE OF DEATH death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE **b** COUNTY lease remove darban papers. Pages I and in any eyent, within 72 hours after MARYLAND Mary land Mont b CITY OR TOWN (If outside corporate limits c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neorest town) Rockwille The law requires that the death certificate be executed within 24 hay NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? .⊆ d. STREET ADDRESS filled YES NO T 720 Real 1 darban NAME OF Middle 4 DATE etely Last Month Doy Year DECEASED 10 (Type or print) 1960 DEATH and cample remove do SEX 7 MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH 81. AGE (In years **NEVER MARRIED** lost birthdoy) Months Hours 11 WIDOWED DIVORCED guq 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CIT ZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY attending physician permit. Then please 1.517 Home Md 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME burial, crematian, ar remayal, George Gaither Olivia Layton IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO Address permit. (Yes, no, or unknown) (If yes give wor or dotes of service no Charlie INTERVAL BETWEEN signed by the c burial-transit p IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse as the prior tak last 19 WAS AUTOPSY PERFORMED? PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) NO X ATTENDING PHYSICIAN: ē 20o ACC DENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of snjury in Port 1 or Part II of Item 1B) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20c TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Home, form, (City or fown) (€ounty) (Stote) TO FUNERAL DIRECTOR: After this Hour To.ms foctory, street, office bldg., etc.) Not While ot work 21. I certify that (I) (this hospital) attended the deceased fram Page 4 may be retained and that death occurred at ASM, fram causes and on the date stoted above saw the deceased office an 196 220 SIGNATURE. **ATTENDING** director, page 3 shauld be filed v PHYS. M.D. PHYS DIRECTOR 22d 22c PHYSICIAN S ADDRESS NAME (Type) 23d LOCAT ON (City or Town) 23a BURIAL, CREMATION 23b DATE THEREOI 21c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 10-4-67 Ivy Hill Upperville Virginia 2So REC'D BY REGISTRAR 24 FUNERAL DIRECTOR ADDRESS VR A15 (4) 25M 1/67 196 Francis H. Barber Laytonsville . Md.

. 48

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14040 CERTIFICATE OF DEATH 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY MARYLAND Pages b CITY OR TOWN (If autside corporate limits C LENGTH OF STAY IN 1b. c CITY DR TDWN (If autside corporate limits, write RURAL and give nearest tawn) d NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS within 22 □ NO [YES PHYSICIAN: The law requires that the death certificate be executed within NAME OF DATE Doy Year remove carbar DECEASED OF DEATH (Type or print) and in any event, SEX 6. COLOR OR RACE 9. AGE (In years IF LINDER I YEAR 7. MARRIED NEVER MARRIED DATE OF BIRTH last birthooy) Months Hours WIDDWED DIVORCED 10o, USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR BIRTHPLACE County & State or fareign country) 12. CIT ZEN OF WHAT during most of working life, even if retired) Un Home Knytupby 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar removal. Wren Wrekenson Laura Gates 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes_Ano, or unknown) (If yes give war ar dates of service) 16. SOCIAL SECURITY ND. 17. INFORMANT Address RUMP 1 clienton burial, cremation. 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN signed by the burnal-transit p PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital ar attending physician. **DUE TO** Canditians, if any, which gave (b) rise to immediate cause (a), DUE TO stoting the underlying cause os the prior to PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPS director, page 3 should be detached for use should be filed with the State Dept. of Health NO IV YES [this certificate 20a ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TiME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f (City or fown) (State) (County) factory, street, affice blda., etc.) ot work ne deceased fram (1) (we) last 1967, and that death accurred at 1.16 M, fram causes and an the date stated above. 21. I certify that (I) (this haspital) attended the deceased fram_ ____, 196___, that (I) (App. last saw the deceased alive an_ 22b DATE SIGNED 22a SIGNATURE M.D. PHYS DIRECTOR 22d ADDRESS 22c PHYSICIAN'S O FULLERAL NAME (Type) 23b DATE THEREO 230 BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town (State) REMOVAL (Specify) Ickeview Cometeru Johnston City. 250. REC'D BY REGISTRAR VR A15 (4) 25M 1/67 1967 Dunhren Pic. RUZIL GEOMAIA 1 .pr.10

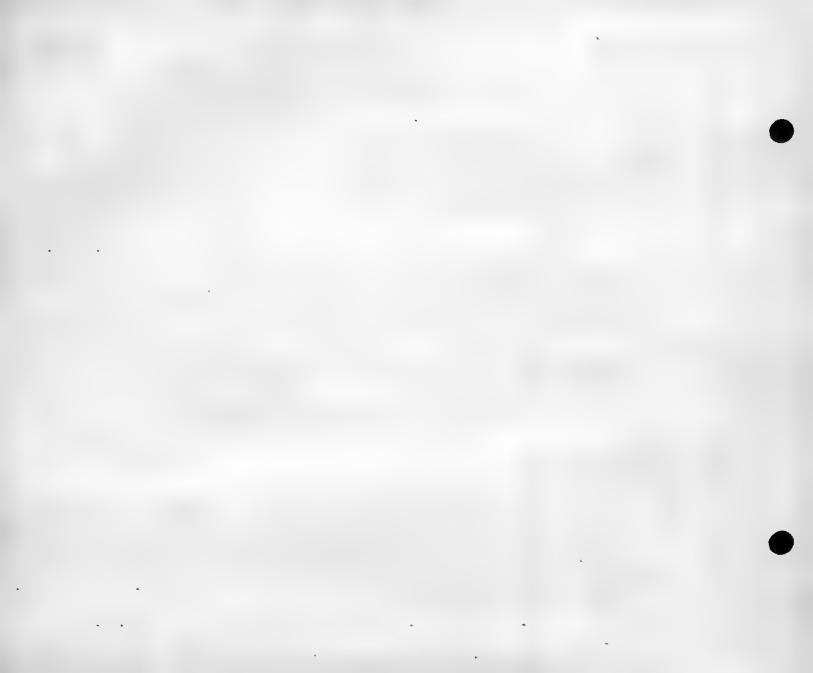


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 483% CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decepsed lived, if institution, Residence before admission) b. COUNTY Montgomery o. COUNTY o. STATE Montgomery Maryland MARYLAND b CITY OR TOWN (If outside corporate i mits. c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate imits, write RURAL and give nearest town) write RURAL and give nearest town) OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs hrs. Ashton d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 6 IS RESIDENCE ON A FARM? rely filled New Hampshire Ave. Montgomery General Hospital NO IX NAME OF First Middle Last 4. DATE Month Year DECEASED SNOWBEN Bussler Oct. 26 Anna 1967 (Type or print) DEATH event. campl S SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED ost birthdoy) Months Hours 7-27-96 and in any Female White WIDOWED DIVORCED 100 JSUAL OCCUPATION (Give kind of work done during most of working life even if retired)
Homemaker 11. BIRTHPLACE (County & State, or foreign country) 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT COUNTRY USA physician nen please Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, or removal, Francis Snowden Frances Stabler 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address permit. (Yes, no, or unknown) (If yes give wor or dotes of service) Montgomery General Hospital Olney.Md. no 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c))
PART 1. DEATH WAS CAUSED BY: NTERVAL BETWEEN ONSET AND DEATH been signed by the s the burial-transit IMMEDIATE CAUSE (o) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a). DUE TO stoting the underlying couse ruld be detached far use as the the State Dept. af Health priarta WASVAUTOPSY PERFORMED? PART I., OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) has YES NO this certificate 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) 200 ACC DENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While of work Affer 21 I certify that (I) (this haspital) attended the deceased from and that death occurred of 5am M, from causes and on the date stated above TO FUNERAL DIRECTOR: sow the deceased alive an 22o. SIGNATURE STAFF PHYS MED director, page 3 shauld be filed v MD PHYS 22c. PHYSICIAN'S 22d ADDRES NAME (Type) Dr. Charles Ligon 23c. NAME OF CEMETERY OR CREMATORY ((ounty) 230 BURIAL, CREMATION, 23b DATE THEREOF LOCATION (City or Town) (Stote) REMOVAL (Specify)
Cremation Washington, D.C 10-26-67 J. Wm. Lee Sons Mass. Ave. 25b REGISTRAR 5 SIGNATURE rid. 250 REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Munica VR A15 (4) 25M 1/67 1967 Laytonsville Francis H. Barber Funeral Home



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #9 Film #6394_14/27/67 ph DEATH 14043 requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) 5. COUNTY Jont orenty o. COUNTY, offer MARYLAND filled in by the fu b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Pag hin 72 hours Si Wen Soring Dilyen Spring 6 mooks d STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) 9171 Pintor Street Sul an Manny Nursing Home YES NO 🖫 NAME OF First 4 DATE Middle Lost Month Doy Year ond Formpletely DECEASED OF ctober (Type or print) Cane DEATH 19 67 ove cor S SEX 8 DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE NEVER MARRIED 7 MARRIED lost birthdoy) Months Doys Hours Francis DIVORCED WIDOWED October 29-1883 rel 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 100 USUAL OCCUPATION (Give kind of work done pleose during most of working life, even if retired) COUNTRY? INDUSTRY Own Home 9 roland.

14. MOTHER'S MAIDEN NAME C. Aewide 13. FATHER'S NAME cremation, or removal, Ellen Mirkel! Hichael Lec 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO (Yes, no, or unknown) (if yes give wor or dotes of service) Maria C. Kuan 213-56-9974 INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line fig. (a), (b), and (c) buriof-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by **DUE TO** burial, Conditions, if ony, which gove rise to immediate couse (o), DUE TO storing the underlying couse Page 4 may be retained by the hospital or attending 20 YEARS as the TO FUNERAL DIRECTOR: After this certificate hos been of Health priar to lost WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use CERTIFICATION NO 🔀 YES -20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of item 1B.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20a. PLACE OF INJURY (Home, form. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While director, page 3 should be de should be filed with the Stote TO HOSPITAL OR ATTENDING ot work 21. I certify that (I) (this haspital) attended the deceased from C7. saw the deceased alwer an C7 / 17, 1967, and that death 1967, to OCT-17, 1967, that (1) (**) last 1967, and that death accurred at 4:35 PM, fram causes and an the date stated above 22b. DATE SIGNED 22o. SIGNATURE DIRECTOR PHYS M.D 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 9420 Cld entretoun D! Retherila arenh Connor 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BUR-AL, CREMATION 23b DATE THEREOF (County) REMOVAL (Specify) "ashinoton Mt. Clivet Cometery 25b REGISTRAR'S SIGNATURE 245 FUNERAL DIRECTOR ADDRESS GCO 250. REC'D BY REGISTRAR ia Avenue VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 14044 MEDICAL EXAMINER'S CERTIFICATE OF DEATH OR STATE HEALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) OUNTY D and 3 CLENGTH OF STAY IN 16 PM3. NSTITUTION (final in hospita, give street address) TREET ADDRES S RESIDENCE ON A FARM? in Item 18. Give Pages YES NO X This certificate shauld be executed within 24 haurs ofter death Zell's NAME OF Midd a DATE MCHIEL DECFASED OF (Type or print) DEATH 10 in penci, in Item 18, GIV Examiner's Office alang IF UNDER 1 YEAR NDER 24 HRS S SEX COLOR OR RACE ... ER MARRIED 9 AGE (In years Jost birthdoy) Months Doys Hours any event within 72 haurs after death WIDOWED DIVORCED permit. File pages 1 and 2 10b KIND OF BUSINESS OR BIRTHPLACE (State or foreign country 100 USUAL OCCUPATION (Give kind of work done 12 CIT ZEN OF WHAT most of working life-even if retired 13. FATHER'S NAME AMERON EASED EVER NUS ARMED FORCES? 16. SOCIAL SECURITY NO 17. INEORMANI e, writing the ward "pending" is farwarded to the Chief Medical unknown) Iff yes give war or dates of service 18 CAUSE OF DEATH (Enter only one souse per line for (a), (b), and (c).) INTERVAL BETWEEN PART 1 DEATH WAS CAUSED BY. COTONZIY MMEDIATE CAUSE TO Cardio Vascular Disease. DUE TO Venrs Conditions if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse and last remava., PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? CERTIFICATION NO OX 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 3 shauld 5 PRIMARY Or CONTRIBUTING CAUSE OF DEATH cremation, MEDICAL 20c TIME OF INJURY Month, Doy, Year (City or town) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home form (County) foctory, street, office bldg , etc) Not While TO FUNERAL DIRECTOR: Page please execute of work Inspection X. 21. I certify that I took charge of the remains described above held on Autopsy Inquiry XI, ond in my opinion Notural couses X deoth resulted from Accident Suicide . Homicide | Undetermined monner be retained CHIEF MEDICAL EXAMINER prior to ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health p Address (Street, cly town or county) MONT. NAME (Type) Co. the NAME OF CEMETERY OR CREMATOR 230 BURIA, CREMATION 23b DATE THEREOF LOCATION (City or Town) (Stote) REMOVAL (Specify) ITTSFIEL ITTSFIELD 24. FUNERAL DIRECTOR 250 RECD BY REGISTRAR 25b. REGISTRAR S SIGNA VR A15ME (5) 6M 1/67



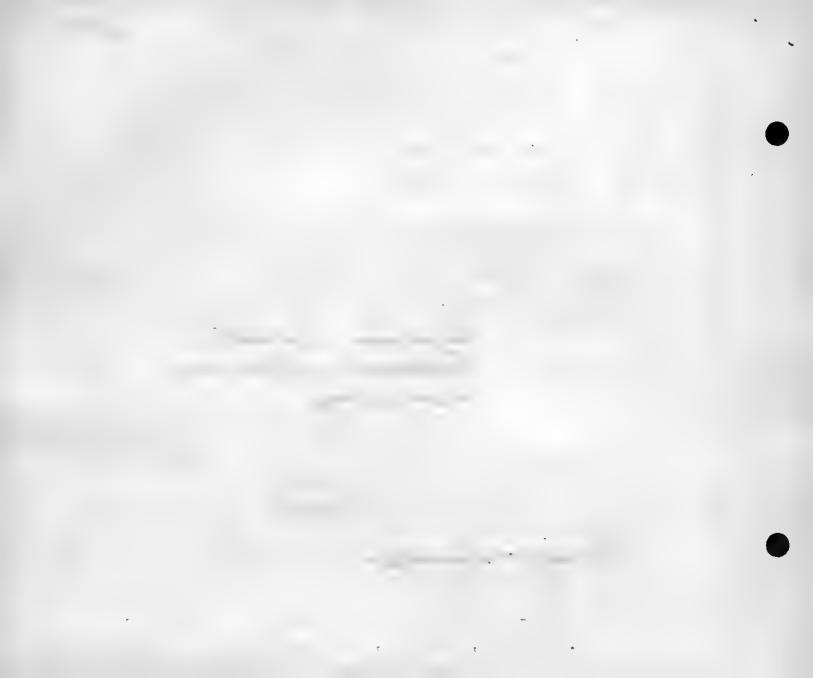
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14045 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) o. COUNTY Montgomery b. COUNTY Maryland hours after MARYLAND Montgomery b CITY OR TOWN (If autside corporate limits, c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 write RURAL and give negrest town) Silver Spring d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? within 72 Holy Cross Hosmital 3809 Elby St. YES NO TX NAME OF Middle Lost 4. DATE Month Year DECEASED 0F BERTHA CAMPBELL and in any event, (Type or print) COL 1957 DEATH The law requires that the death certificate be executed cample SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7 MARRIED NEVER MARRIED remove lost birthdov) Months Dovs Hours Female White WIDOWED DIVORCED and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT please during most of working life, even if retired) INDUSTRY COUNTRY? signed by the attending physician burial-transit permit. Then please Sharon, Vermont U.S.A 13 FATHER'S NAME crematian, ar removal, 14 MOTHER'S MAIDEN NAME Carlos Thurston Emma Hunt 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or Unknown) (If yes give wor or dates of service Doris Tritle same above - daughter 18. CAUSE OF DEATH (Enter only one couse per line fee (o) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' by the haspital ar attending physician DUE TO burial. Conditions, if ony, which gove rise to immediate couse (a). DUE TO has been s se as the t th prior to b stoting the underiving couse Jost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? State Dept. of Health NO ATTENDING PHYSICIAN: 200 ACCIDENT WAS JNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of item 183) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) FUNERAL DIRECTOR: After this (County) Hour o.m. Not While foctory, street, office bldg., etc.) of work of work 1962, to Det > , 19 62, that (I) Red last Page 4 may be retained Duti 1967, and that death accurred at 1.36AM, from causes and on the date stoted above saw the deceased alive an_ 22o. SIGNATURE 22b. DATE SIGNED filled D-RECTOR MD PHYS director, page shaved be filed TO HOSPITAL 22c PHYSICIAN'S Michael Dobridge Parkland Drive, Rockville, Md. NAME (Type) 230 BUR AL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) Bur REMOVAL (Specify) 10/5/67 Springfield, Mass, Levden Cometery 9 24 FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 2Sb REGISTRAR'S S GNATURE Wheeler Funeral Home VR A15 (4) DADCT Md. 25M 1/67 Rockvil e.

MARYLAND STATE DEPARTMENT OF HEALTH



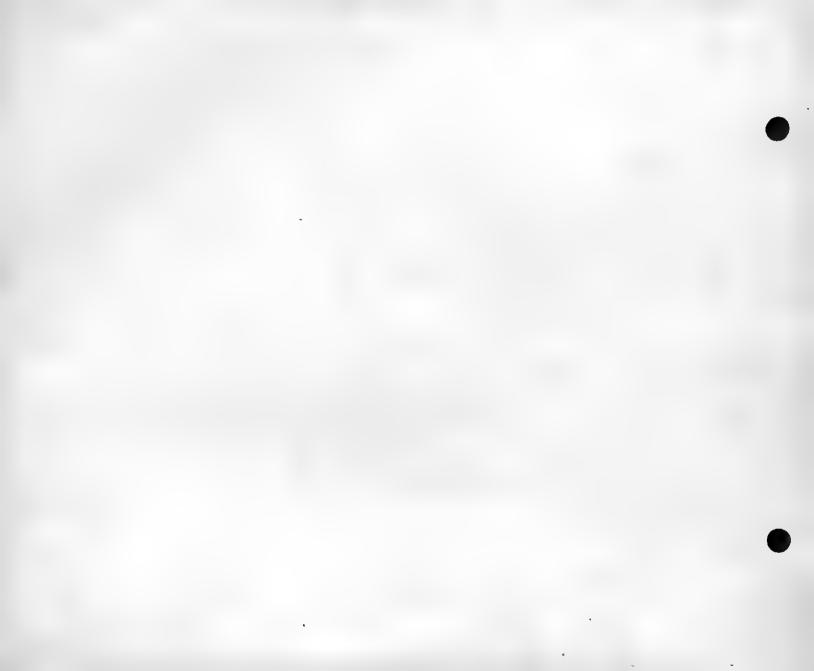
1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
A STATE OF THE PARTY OF THE PAR	"Z^Z" CERTIFICATE OF DEATH 14046
death 2	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
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after 1	b. CITY OF TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OF TOWN (If outside corporate limits, write RURAL and give nearest town)
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hour rrs, lou	g. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS G. IS RESIDENCE ON A FARM?
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executed within and completely remove carbon n any event, with	3. NAME OF First Middle D Last 4. DATE Month Oay Year OF (Type or print) D. R. G. D. R. F. T. C. L. S. D. D. C. D. R. F. T. DEATH (C. J. 24 1967
ed y	5 SEX 1.5 COLOR OR PACE I AND THE WARREN THE SERVICE RIGHT 19 ACE IN YEAR IS UNDER 24 HRS.
ath certificate be executed withi attending physician and complete rmit. Then please remove carbon n, or removal, and in any event, with	WIOOWED DIVORCED 1/110 29 19 5 6 Vyrs.
an an a	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KINO OF BUSINESS OR 11. BURTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
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ficat phy en p	13. FATHER'S NAME
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The law requires that the death certificate be or attending physician. Sate has been signed by the attending physician ruse as the burial-transit permit. Then please eaith prior to burial, cremation, or removal, and it	(Yes, no, or unknown) ((if yes give war or dates of service)
dea he a per tion	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
hat the deat cian. ed by the at transit perm i, cremation,	PART I, DEATH WAS CAUSED BY: ONSET AND DEATH
es that the ohysician. Signed by urial-transi	IMMEDIATE CAUSE (a)
fres the physical signal signal purial burial burial burial successions.	conditions, if any, which (b) Old repeated Cerebreflasedy 3+ in
law requires that tatending physician. I has been signed be a street burial-tranch prior to burial, cre	gave rise to Immediate out to Cacidants - Hand of the form
aw re ttendi nas br as tt prior	underlying cause last. (c)
or att or att ste h use a	PART II. OTHER SIGNAFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINACTISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18)
PHYSICIAE: The law the hospital or atten this certificate has detached for use as e Dept. of Health price	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUTNOT RELATED TO THE TERMINADISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? 20a. ACCIDENT WAS UNDERLYING DOWN CONTRIBUTING DOWN DESCRIBE HOW INJURY OCCURRED. (Enter Nature of Injury In Part I or Part II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
HYSICI te has this ce stache Dept.	
e ctt	20c. TIME OF INJURY Month, Oay, Year Hour a.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) at work at work at work
Aft Aft be Steen S	21. I certify that (1) (this hospital) attended the deceased from 2-15 19/5 to 10-24 19/5, that (1) (we) last
TEN TOR: Hou	saw the deceased elive on 196-7, and that death occurred at 750 M, from the causes and on the date stated above.
OR ATTENDING be retained by HRECTOR: After ge 3 should be ed with the Stat	(22a. \SIGNATURE) 22b. OATE SIGNED
NL o ay b bage page filed	ATTENOING MEO. STAFF 10-2-4-67 226. PHYSICIAN'S 220. ADDRESS 220. ADD
TO HOSPITAL OR ATTENDING P Page 4 may be retained by t TO FUNERAL DIRECTOR: After director, page 3 should be should be filed with the State	NAME (Type) JOHN R. SOENCEL 15444 Columbia VIKE Burtoninelle Ma
E SE E SE	23a. BURIAL CREMATION, 23b. CATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
5,522	Bureal Och 26. 1967 Fort Reneath Centery Colman Manar Md.
(2)	24. FUNERAL DIRECTOR 254 CARROLL DOREST 11. 201 260 REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4)\\ 15M 4-64	Millian Wallete Whichington all OATENCT 26 1961 Parantes Judges

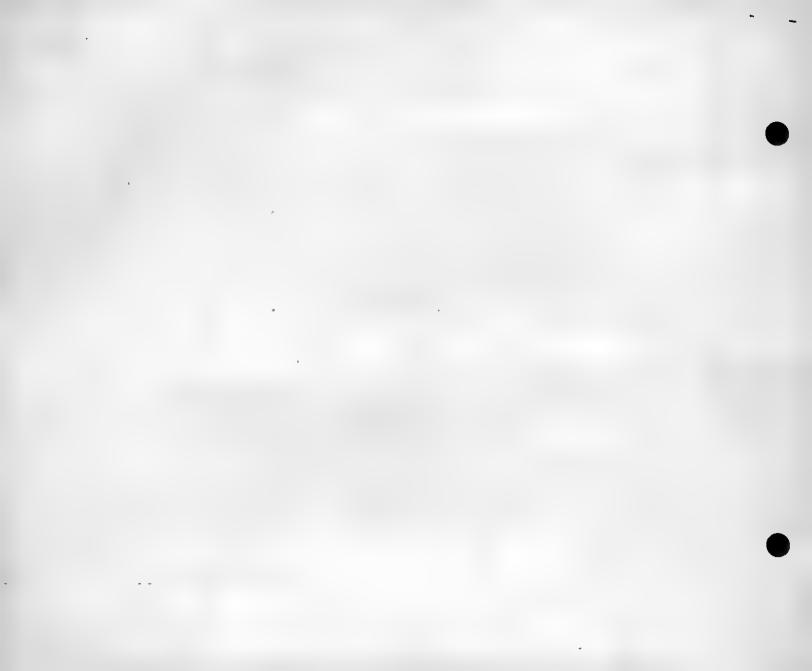




MARYLAND STATE DEPARTMENT OF HEALTH







• 9 • . .

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14052 CERTIFICATE OF DEATH afterdeath l and USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) the funeral PLACE OF DEATH b COUNTY Montgomery a. COUNTY o. SIA Mary Land Montgomery MARYLAND 24 haurs after Pages b CITY OR TOWN (if autside carparate limits, write RURAL and give nearest town)

Rockville c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 Rockville hou vears apere a 72 ho filled in d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) ON A FARM? Baltimore Road 312 Baltimore Road 312 NO DC requires that the death certificate be executed within 3 NAME OF Middle Last 4. DATE Manth Year burial, crematian, ar remaval, and in any event, wit First attending physician and completely sermit. Then please remove carban DECEASED LAWRENCE COLLIER Oct. 28. 67 LEE DEATH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH last birthday) Days Mar. 24. 1912 Male White WIDOWED DIVORCED 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 10o &SUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
P. F. BCO. - Supervisor **COUNTRY?** INDUSTRY U. West Virginia S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Walter Lee Collier Lula Ballenger Address as Item 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, ar unknown) (If yes give wor ar dates of service) Capitola E. Collier -05,0073 INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by Page 4 may be retained by the haspital ar attending physician. & month Conditions, if ony, which gove (b) rise to immediate cause (a), **DUE TO** stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been be detached far use as the State Dept. of Health prior to WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE IN PART I(a) CERTIFICATION NO X Zenu YES [205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, ity or town) (County) (Stote) 20c TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While at wark 21. 1 certify that (1) (this haspital) attended the deceased from Juney 196 7 that (1) (we) last 196 director, page 3 shauld shauld be filed with the saw the deceased alive on Mitably 281967, and that death occurred at A M, from couses and on the date stated above. 22b. DATE SIGNED 22o. SIGNATURE M.D. DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMAT ON, 23b. DATE THEREOF (County) (Stote) Burial Darnestown Cemeterv 10-30-67 Darmestown. 256. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 1967 PUMPHREY. Bethesda. Maryland DATENOV 20 M 1/66









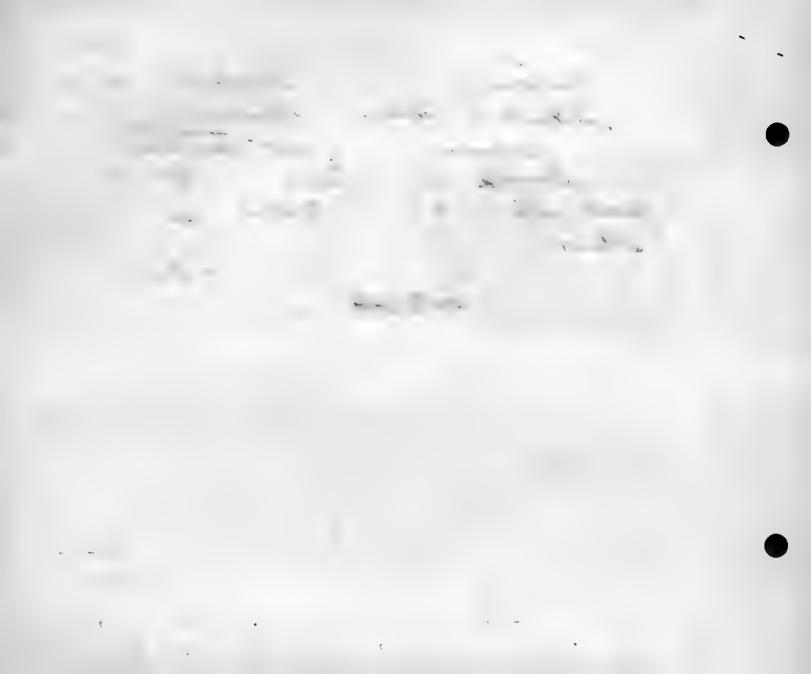
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14055 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Montgonzery o. COUNTY o. STATE c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn) b CITY OR TOWN (I outside corporate limits c LENGTH OF STAY IN Th Bethesda ethesdr. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, qive street oddress) d STREET ADDRESS form 8012 dl Beargetown - Rd in Item 18. Give Poges NO OK This certificate should be executed within 24 hours after death NAME OF 4 DATE M.ddle DECEASED 0F COGED 20105 DEATH AGE (In years lost birthday) 5 SEX 8. DATE OF BIRTH NEVER MARRIED 7 MARRIED Months WIDOWED and in ony event within 72 hours ofter death 10o USUAL OCCUPAT ON (Give kind of work done 10b KIND OF 8US NESS OR 12 C TIZEN OF WHAT during most of working life, even if retired) LLLINOIS the certificate, writing the word "pending" in pencil in 1 4 should be farworded to the Chief Med col Exominer's 14 MOTHER'S MAIDEN NAME 13. FATHER S NAME 16 SOCIAL SECURITY NO 17 INFORMANT (Year no, or, nitnown) (If yes give war or dotes of service John T. Coogan 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) by. Hanging PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). Conditions, if ony, which gove rise to immediate cause (a). DUE TO stating the underlying couse PART II OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(Q) 19 WAS AUTOPSY PERFORMED? NO M 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of njury in Part Lar Part 1 of Item 18) 20f (City or town) 20c TIME OF INJURY Manth Doy, Year factory street office bldg etc) 5 may be retained for your of FUNERAL DIRECTOR: Poge Not While Bethesda 21 I certify that I took charge of the remains described above held on Autopsy ... Inspection 💢 Inguiry DC and in my opinion Undetermined manner deoth resulted from Accident Suicide 🔂 Ham.cide Noturol causes the funeral director CHIFF MFDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MED CAL EXAM NER SIGNATURE EXAMINER'S JOHN G. Address (Street, city, town, or county) NAME (Type) 23c NAME OF LEMETERY OR CREMATORY 230 BUR AL, CREMATION, 23b DATE THEREOF REMOVAL (Specify) Clahurst Illinois molem Cemeir 25b REGISTRAR'S S GNATURE 250 RECD BY REGISTRAR FUNERAL DIRECTOR OBERT A. VR A15ME (5) PUMPHREY, Bethesda, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14056 CERTIFICATE OF DEATH I. PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution, Residence before admission) o. COUNTY COUNTY MONTGOMERY MARYLAND PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer b. CITY OR TOWN (if outside corporate emits. c LENGTH OF STAY IN 16 OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town GULVER SPRING d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) fulled in d STREET ADDRESS e IS RES DENCE ON A FARM YES NO. completeis fi nove carban NAME OF First Middle DATE Month Doy Year DECEASED OF DEATH (Type or print) OOK 196 SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED remove lost birthdoy) Months Doys Hours in any WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT physicion of during most of working life, even if retired) INDUSTRY COUNTRY? WASH, D HOUSEWIFE 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) ((If yes give war or dates of service þ GEORGE COOK cremation, CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) INTERVAL BETWEEN ONSET AND DEATH signed by the buriol transit p PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **O HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Page 4 may be retained by the hospital or attending physician. buriol, Conditions, if ony, which gove rise to immediate cause (a). Examiner DUE TO for use as the b Health prior to b stoting the underlying couse has been PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? NO V YES certificate 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port II of item 18) be detached for Stote Dept. af H OR CONTRIBUTING CAUSE OF DEATH Medical (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour om. Not While foctory, street, office bldg , etc) of work at work 21. I certify that (1) (this hospital) attended the deceased from Order 1967 to Oct 21 with director, page 3 should should be filed with the saw the deceased alive an 21 oct 1967, and that death accurred at 8:20 M, from causes and on the date stated above. FUNERAL DIRECTOR: 220 SIGNATURE M.D DIRECTOR ared 22d ADDRESS PHYSICIAN S Nup NAME (Type) 950 should NAME OF LEMETERY OR CREMATORY 230 BUR AL CREMATION. 디 REMOVAL (Specify) 250. REC'D BY REGISTION



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 4052 CERTIFICATE OF DEATH 14057 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) a. COLINTY a STATE b. COUNTY MARYLAND haurs af b. CITY OR TOWN (f putside of CLENGTH OF STAY IN 1b CCITY OR TOWN (If The law requires that the death certificate be executed-within 24 hours, 00 Ö (If not in hospital, give street address d NAME OF HOSPITAL OR INSTITUTION d. STREET ADDRESS within 72 ON A FARM? NO DE NAME OF Middle DATE Month Day Year DECEASED OF DEATH (Type or print) event, S. SEX 6 COLOR OF MARRIED NEVER MARRIED DATE OF BIRTH AGE fin years IF UNDER 1 YEAR IF LINDER 24 HRS last birthdoy) Months Dovs Hours WIDOWED X and in any DIVORCED and Db. KIND OF BUSINESS OR 12 CITIZEN OF WHAT **MDUSTRY** COUNTRY? 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME burial, cremation, ar remayal, IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, na, ar unknown) (If yes give wor or dotes of service) INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Page 4 may be retained by the haspital ar attending physician. signed by DUE TO Canditions, if any, which gave rise to immediate couse (a). DUE TO stoting the underlying cause State Dept. af Health priar ta os the last. 19 WAS AUTOPSY PERFORMED? hos PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) YES M NO F this certificate ō 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 1 of Item 18.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 2Dc TIME OF INJURY Month, Day, Year 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) Haur a.m. factory, street, affice blda, etc.) Nat While OR ATTENDING at work et work 21. I certify that (1) (thus hespital) attended the deceased from 19 and that death accurred at 0:20 M, from causes and on the date stated above FUNERAL DIRECTOR: sow the deceased olive on 22b DATES GNED 220 SIGNATUR MED DIRECTOR 0-20-67 director, page 3 should be filed v 22d ADDRESS 22c. PHYSICIAN S O HOSPITAL NAME (Type 23a BURIAL, CREMATION 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City or To (Stote) Burial Silver Spring, 10-23-67 Gate of Heaven Cem. Maryland 2Sb. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR PUMPHREY, Bethesda, Maryland VR A15 (4) 5 1967



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed aved, if institution. Residence before odmission) D. COUNTY b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. (ENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) ver Sprine d. NAME OF HOSPITAL OR INSTUTION (If not in hospitol, give street oddress) d. STREET ADDRÉSS e IS RESIDENCE ON A FARM? NO 7 3 NAME OF DECEASED (Type or print) 7. MARRIED NEVER MARRIED 9 AGE (In years 3 DIVORCED 10o USUAL OCCUPAT ON (Give kind of work done during most of working life, even if retired) 1) BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT homemaker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending physi burial-transit permit. Then pl burial, crematian, ar remaval, 6424 Brookside Dr. Chevychase, Masylan 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART 1. DEATH WAS CAUSED BY: ONSET AND DEAT IMMEDIATE CAUSE (o) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. **DUE TO** Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO PERFORMED NO 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 1) of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, 20f (C+y or town) (County) (Stote) foctory, street, office bldg, etc.) 2) I certify that (1) (this haspital) attended the deceased from The 1967, ta 10-27, 1967, that (1) (we) last saw the deceased alive an Ox 2.7 19 67, and that death accurred at 1/25 P.M., fram causes and an the date stated above. 220 SIGNATUR 22d ADDRESS 230 BURIAL CREMATION, 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY Lawn Memorial Park Glendale 250 RECD BY REGISTRAR VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 4054 CERTIFICATE OF DEATH 14059 PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY putside carparate limits, write RURAL and give nearest town) e. IS RESIDENCE UTION (If nat up haspital, give street address) 3 NAME OF Middle DEATH DECEASED MMN (Type or print) AGE (In years 6 COLOR OR RACE 7. MARRIED DO **NEVER MARRIED** rday) Haurs WIDOWED DIVORCED 10b KIND OF BUSIN 12 CIT ZEN OF WHAT 14. MOTHER'S MA burial, crematian, or removal, unknown unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, na parknown) (If yes give wor or dates of service) 578-05-3118 ONSET AND BEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY. () Infarction, multiple, cerebral IMMEDIATE CAUSE (o). Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by DUE TO Canditians, if any, which gave (b) rise to immediate cause (o), DUE TO stoting the underlying cause PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES X NO 20th ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) factory, street, affice bldg., etc.) Nat While at work 1963, ta 10-15, 1967, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram 1962, and that death accurred at S M, from causes and an the date stated above. saw the deceased alive ion. 22a SIGNATURE STAFF PHYS M.D. DIRECTOR **ADDRESS** 22c. PHYSICIAN'S NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23a BURIAL CREMATION, (County) (State) REMOVAL (Specify) bct.18,1967 Damascus Meth. Damascus, Md. 25a REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 Olin L. Molesworth, Damascus, Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14060 MEDICAL EXAMINER'S CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH O. COUNTY COUNTY O STATE MARYLAND b. COUNTY MONTGOMERY MARY, AND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 write RURAL and give nearest tawn WHEATON Silver Spring d NAME OF HOSP TAL OR INSTITUT ON (If not in hospital, give street address) e IS RESIDENCE ON A FARM? d STREET ADDRESS 11311 Viers Mill Rd. HOLY CROSS HOSPITAL 104 ate haurs after death 3 NAME OF Middle 4 DATE Manth FIFST Losi Dov Year DECEASED OCTOBER LEWIS \mathbf{E} CRIST 67 DEATH (Type or print) IF LINDER 1 YEAR IF UNDER 24 HRS S SEX 8 DATE OF BIRTH AGE (In years 6 COLOR OR RACE 7 MARRIED NEVER MARR ED log berthdoy) Months Hours 3/16/11 WIDOWED D VORCED event within 72 haurs after death 10o USLAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY USA N.O.L. MARYLAND Superv. Elect. Shop/ 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME pencil Myrtie Breedlove Phillips Howard Preston Crist 17 INFORMANT Wife 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. Yes, no, or unknown) (If yes give wor or dotes of service) 216-18-6240 Item 2. Same as Ella L. Crist Yes 18 CAUSE OF DEATH (Enter only one couse per the for (o), (b), and (c) PART I DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH burial-transit IMMEDIATE CAUSE (a) writing the word " DUE TO ony Conditions, if ony, which gove rise to immediate couse (o), ⊆. DUE TO stoting the underlying couse 015 WAS AUTOPS' PERFORMED? PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) removal, NO. 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH 3 should crematian, MEDICAL 20c TIME OF INJURY Month, Doy, Year While Not While factory, street office & da FUNERAL DIRECTOR: Page 21. I certify that I took charge of the remains described above, held on Autopsy and in my opinion death resulted force Natural causes Undefermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAM NER SIGNATURE Health priar **EXAMINER'S** may Adires (Street ory town) or county) NAME (Type) 23d. LOCATION IC by or Tol 230 BUR AL CREMATION 23b DATE THEREOI 0 Burial (Specify) Parklawn Cemetery Rockville, Maryland
ADDRESS 250 RECD BY REGISTRAR 256 RESTRARS SENATURE 10-25-67 24 FUNERAL DIRECTOR VR A15ME PUMPHREY. Bethesda. Maryland 6M 1767

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14061

Day

COUNTRYPUSA

e IS RESIDENCE ON A FARM?

Year

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN

ONSET AND DEATH

vears

19 WAS AUTOPSY PERFORMED?

(Caunty)

25b REGISTRAR'S SIGNATURE

NO X

(Stote)

NO X

4058 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a COUNTY p. STATE b. COUNTY Montgomery Virginia MARYIAND filled in by the fu papers. Pages / hin 72 haurs after CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 50 days Chantilly Bethesda d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d STREET ADDRESS filled The Clinical Center, Bethesda, Maryland Route 1. Box 167 NAME OF First Middle Last 4 DATE Month DECEASED Vivian Gladys Cross October nave carb y event (Type or print) DEATH S SEX 6 COLOR OR RACE NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR 7 MARRIED Last birthday) Months October 1913 Female White WIDOWED DIVORCED and in a Da USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Deputty Sherifi E 10b KIND OF BUSINESS OR 1) BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT INDUSTRY Government attending physician permit. Then please Virginia 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME burial, cremation, ar remaval, Nellie Rice Cassius Downs IS WAS DECEASED EVER IN U.S ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO The Medical Records permit. (Yes, no, or unknown) (If yes give war or dates of service The Clinical Center, Bethesda, Maryland signed by the a burial-transit pe 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Disseminated pelvic carcinoma Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if ony, which gave rise ta immediate cause (a). DUE TO far use as the t stating the underlying couse has been last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION certificate OR ATTENDING PHYSICIAN: 20o ACCIDENT WAS UNDERLYING I 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of term 18) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 2De PLACE OF INJURY (Home, form, (City or town) 2Dc. TIME OF INJURY Month, Day, Year Hour am factory, street, office bldg, etc.) at wark at work O FUNERAL DIRECTOR: After 21. I certify that A) (this haspital) attended the deceased from August 13, 19, 67, to October 2, 19, 67 that (A) (we) last director, page 3 shauld shauld be filed with the saw the deceased alive an October 2 19 67, and that death accurred at 1.25 M, from causes and an the date stated above. 22b DATE SIGNED 22o. SIGNATURE STAFF PHYS \propto WHICKER M D DIRECTOR Oct. 2. 1967

22d ADDRESS The Clinical Center, National NAME (Type) Institutes of Health, Bethesda, Md. Kenneth P. Ramming, M.D. (State) Va. 230 BUR AL, CREMATION BURING VAL (Specify) 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) 10/5/67 Chestnut Grove Herndon Fairfax

250 REC'D BY REGISTRAR

1967

ADDRESS

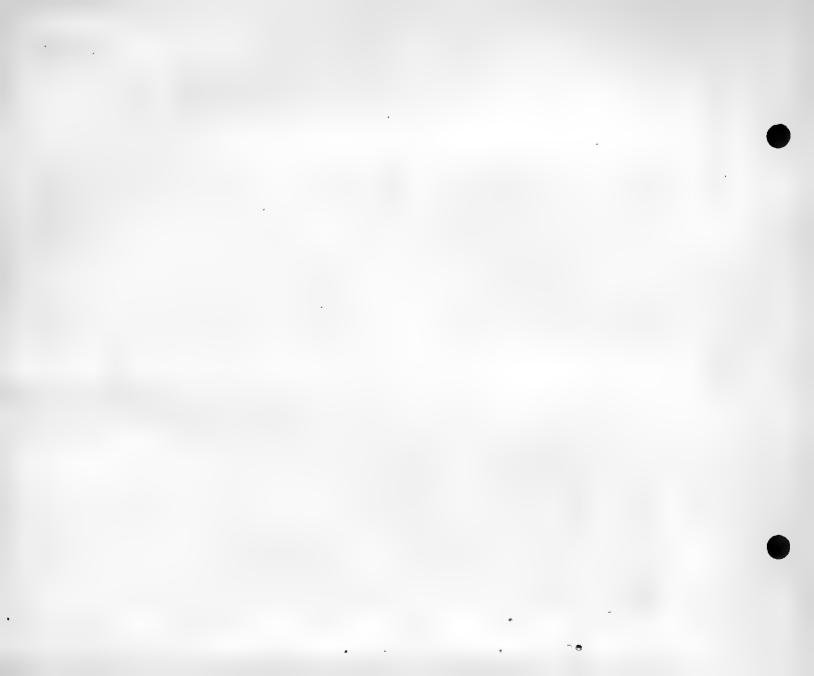
Leesburg, Va.

VR A15 (4) 25M 1/67

22c_PHYSICIAN'S

24. FUNERAL DIRECTOR

Muse & Reed, Inc.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 4054 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission a. COUNTY a. STATE b. COUNTY papers. Pages I hin 72 hours after in by the Pages C LENGTH OF STAY IN 16 b CITY OR TOWN Of outside comparate c CITY OR TOWN (If outside corperate limits, write RURAL and give nearest town) IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS filled (YES ₩0 🄀 NAME OF Middle First Month Day Year meletely) DECEASED OF DEATH Type or print IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years 6 COLOR OR RACE X B. DATE OF BIRTH 7. MARRIED NEVER MARRIED ripsy-burthday) Months Davs Haurs WIDOWED DIVORCED or remayal, and in any Bug 10a USUAL OCCUPATION (Give kind of work dorle) JUD KIND OF BUSINESS OR 1! BIRTHPLACE (County & State, or foreign country) 32 CITIZEN OF WHAT during most of working life, even whetered) / UDA COUNTRY? 13. FATHER'S WAME 14 MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, of usknown) (If yes give war or dates of service crematian, 1B. CAUSE OF DEATH (Enter only one cause per igne for (a), (b), and (c)) INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY. 1-1713 C IMMEDIATE CAUSE (o' the haspital ar attending physician. 5011 DUE TO Conditions, if any, which gave emila rise to immediate cause (a), DUE TO stating the underlying couse DIRECTOR: After this certificate has been detached far use as the te Dept. af Health priar to PART I.. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? CERTIFICATION NO YES ! 200 ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 1, of Item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) 20c TIME OF INJURY Month, Day, Year (County) (Stote) Hour am. factory, street, affice bldg , etc.) While Not While OR ATTENDING ot work at wark 1960 to CV 14 21. I certify that (I) (this hospital) ottended the deceased fram. 1967, that (1) (we)-last 12 M, fram causes and on the date stated above. and that death accurred at saw the deceased alive on. 22a SIGNATURE 22b. DATE SIGNED M.D. PHYS DIRECTOR PHYS 22c. PHYS CIAN'S 22d. ADDRESS O HOSPITAL TO FUNERAL NAME (Type) 23a BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) (Stote) REMOVAL (Specify) WASHINGTON URIAL 2So. REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 24 haurs after death 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY MARYLAND MONTGOMYLY nt comy b. CITY OR TOWN (If outside corporate limits C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) Kocku, I day Sapers d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 5006 YES NO K 3 NAME OF Middle 4. DATE Firs1 Lost Month Doy Year the attending physician and campletely sit permit. The please remave carbon DECEASED Danaher CTODEY erese 19 G (Type or print) DEATH Marie requires that the death certificate be executed IF UNDER IF UNDER 24 HRS S SEX DATE OF BIRTH 9. AGE (n years 6 COLOR OR RACE 7, MARRIED NEVER MARRIED X lost birthdoy) Months WIDOWED DIVORCED and in any 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) **INDUSTRY** COUNTRY? Silver Spring, Maryland none Yone 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remayal, Caroline toRma 17, INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service 120 none none INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter on y one couse per line for (o), (b),
PART I DEATH WAS CAUSED BY. ONSET AND DEATH burial-transit IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if any, which gove rise to immediate couse (a). DUE TO as the stoting the underlying couse Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? far use Health YES 🐼 NO 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of Item 18.) 200 ACCIDENT WAS INDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED foctory, street, office bldg., etc.) ot work 21. I certify that (I) (this haspital) attended the deceased fram 10 - 3 19 6 / that (1) (we) fast . 19 6.2 to 10-4 19 6 7, and that death accurred at 5 45 M, fram causes and an the date stated above saw the deceased alive an_/o 22b DATE SIGNED 22o. SIGNATURE **ATTENDING** STAFF PHYS DIRECTOR M.D. irectar, page 3 havid be filed v 22d ADDRESS 222 PHYSICIAN'S 515 HIGHCORD DRICK NAME (Type) 23d. LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, 23b DATE THEREOF (County) (Stote) REMOVAL (Specify) Gate of Heaven Cemetery Silver Spring. Marulana 2Sb. REGISTRAR'S SIGNATURE 2So, REC'D BY REGISTRAR DATE OCT 9 196



. 1 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	14059 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1406	4
PM3. Page Harment of Physics Page Harment of Physics Page Harment of Physics P	1. PLACE OF DEATH o. COUNTY MONT COUNTY MARYLAND D CITY OR TOWN (f outside carparate limits, write RURAL and give nearest town) CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)	rire_ st tawn)
fers (for)	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 4607 Over-brook Pd. Jo8 anneslie Rd.	e IS RESIDENCE ON A FARM? YES NO
them 18 Give Pages Office along with for and 2 with the frater	NAME OF DECEASED WITH THE Sheephered Dashield OF DEATH DOY D	19 6 7 IF UNDER 24 HRS Hours Min
pencii n trem 18 xaminer's Office al ile pages Land 2 w hours after death.	100 USUAL OCCUPATION (Give kind of work done during most of working the even if retired) JINDUSTRY JINDUSTRY	S. A
III pentili Il Examine 7. File page 72 hours c	Benzin Daskiell Edna Shephard. 15. WAS DECEASED VER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address.	
Chief Medica	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Coronary Insufficiency accrete Son	TERVAL BETWEEN
l, and II	nse to immediate couse (o), storing the underlying couse (c) DUE TO (c)	WAS ALTOPSY
ar rem	20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW ANJURY OCCURRED (Enter noture of injury in Port 1 of Item 18) PRIMARY OF OR DEATH	PERFORMED? PES NO X
Page 3 shauld crematian, ar r	20c TIME OF INJURY Month, Day, Year Hour a.m. p m. 19 20d INJURY OCCURRED While at work of work of work (County)	(Stote)
5 may be retained far yaur fi TO FUNERAL DIRECTOR: Page 3 Hea ¹ th priar to buria, crematic	death resulted fram Natural couses . Accident . Suicide . Hom cide . Undetermined manner . ACTUAL SIGNATURE . ACTUAL SIGNATURE . ASSISTANT MEDICAL EXAMINER	d in my opinian 22. DATE SIGNED
FUNERAL EGITH PITE	EXAMINER'S NAME (Type) Ball Ball Ball Address (Street, city, town, or county) Bathsolic 23a BURIAL (REMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County)	ious Rd Mel (State)
S may be retained to the control of	Burial 11/1/1967 Druid Ridge Pikesville, Balto 24. FUNERAL DIRECTOR ADDRESS 250 RECT BY REGISTRAR 25b. REGISTRAR'S SIGNATU	
-7	Dallo Hay May	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14065 CERTIFICATE OF DEATH hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) a. COLLINITY MARYLAND by the Pages C LENGTH OF STAY IN 16 TOWN (flourside carparate | m) DY-OR XOWN (If outside corporate limits, write RURAL and give negrest tow write RURAL and give negrest town) d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled/in YES NO I 3 NAME OF Middle DATE First Manth Day y equ DECEASED event, 1 (Type or print) DEATH PHYSICIAN: The law requires that the death certificate be executed. IF UNDER I YEAR s SEX 6 COLOR OR RA AGE (In years IF UNDER 24 HRS 7 MARRIED **NEVER MARRIED** DATE OF BIRTH remove last buthday) Manths Days 6hro .. 2 WIDOWED DIVORCED and in ony 10a USUAL OCCUPATION (Gy/c kind of work dane 10b KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 11 BIRTHPLACE (County & State or foreign country) during mast af warking life, even if retired) INDUSTRY **COUNTRY** 13. FATHER'S NAMP 14 MOTHER'S MAIDEN MAM or removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INEORMAN (Yes, na, ar unknown) ((If yes give war ar dates of service cremation, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED 8Y INTERVAL BETWEEN buriol-tronsit ONSET AND DEATH IMMEDIATE CAUSE (o) **DUE TO** signed I Conditions, if any, which gove rise ta immediate cause (a). **DUE TO** stating the underlying couse as the the hospital or ottending last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? 200 of Health p YES S NÖ this certificate 20a ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port (or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f. (City or tawn) (County) (State) Nat While factory, street, affice bldg, etc.) at wark at work 21. I certify that (I) (this haspital) attended the deceased from , 19___, that (I) (we) last Poge 4 moy be retained _, and that death accurred at 3 M, fram causes and an the date stated above FUNERAL DIRECTOR: saw the deceased alive on _____ 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. M.D. DIRECTOR 22d ADDRESS 22c. PHYSIC AN'S O HOSPITAL director, po NAME (Type) 23a 8 JRIAL CREMATION 23d LOCATION (City or Town) 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) 0 250 REC D BY REGISTRAR REGISTRAR'S SIGNATURE 2Sb 24. FUNERAL DIRECTOR



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14086 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH **b.** COUNTY Montgomery Virginia MARYLAND The law requires that the death certificate be executed within 24 haurs after CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) CLENGTH OF STAY IN 16 b CITY DR TOWN (If outside corporate mits, write RURAL and give nearest town) Alexandria 1 day d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 5800 N. Flaxton Place U. S. Naval Hospital, Bethesda, Maryland YES NO X Middle 4. DATE Month 3 NAME OF First Last Day Year the attending physician and campletely sit permit. Then please remave carbo DECEASED 1967 October 28 DAVIS Milton Howard DEATH (Type or print) IF UNDER 1 YEAR AGE (In years IF UNDER 24 HRS 8. DATE OF BIRTH S SEX 6 COLDR OR RACE NEVER MARRIED 7 MARRIED 36 last birthday) Months Days Hours October 1893 DIVORCED Male Cauc WIDOWED 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) 10a. USUAL DCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during most of working life, even if retired)
Musician COUNTRY? Musician Washington, D. C. 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME or remayal. Margaret BURKHARDT Edward Thomas DAVIS 16. SOCIAL SECURITY NO. 17 INFORMANT 5800 N. Flaxton Place 15 WAS DECEASED EVER IN U.S. ARMED FORCES? signed by the attending burial-transit permit. I (Yes, no, or unknown) (If yes give war or dates of service)
Yes WW 1 Ruth V. DAVIS Alexandria, Virginia 579-07-5720 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Bilateral Brochopneumonia IMMEDIATE CAUSE (a) _ DUE TO Conditions, if any, which gave Generalized Arteriosclerotic Vascular Disease rise to immediate couse (a), with Severe Arterolonephrosclerosis and stating the underlying cause by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been as the Arteroslerotic Heart Disease WAS AUTOPSY PERFORMED? PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ito) YES X NO [ģ 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [detached from the Dept. of H OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20e PLACE OF INJURY (Home, form, (City or fown) (County) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED factory, street, office bldg., etc.) Hour a.m. Not While 21. I certify that (this haspital) attended the deceased from 27 October, 1967, that (we) last saw the deceased alive an 28 October 1967, and that death accurred a 2:35PM, from causes and an the date stated above. Page 4 may be retained 22b. DATE SIGNED 22a. SIGNATURE 28 October 1967 DIRECTOR director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN NAME TYPE David R. FOREMAN LT MC USN Naval Hospital, Bethesda, Maryland 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) 23b. DATE THEREOF (Stote) 23o BURIAL, CREMATION, BUT REMOVAL (SPENIS) Washington, D. C. 10-31-67 Cedar Hill Cemetery Washington 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Ochanley Judge VR A15 (4) 20 M 1/64 Alexandria, Virginia 1967 DANOV 1 Demaine Funeral Home

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BAL	Total Comme
1. PLACE OF DEATH a. COUNTY A. STATE by 1. PLACE OF DEATH a. COUNTY A. STATE	ed, If Institution: Residence before admission) b. COUNTY
b. CITY OR TOWN (if outside corporate limits, write Rupat and grup nearest town) Discovery of the corporate limits, write Rupat and grup nearest town) Substitute of the corporate limits, write Rupat and grup nearest town)	mits, write RURAL and rive negress (Aewn)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS? 671 Saint Andrews Lane 620 Saint Anglewin	2 Lane ves \(\text{No EV} \)
3. NAME DF DECEASED (Type or print) MARY CHRISTINA DENEMBER OF DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. CATE OF BIRTH WIDOWED OVORGED MARY 1, 1887 102 USUAL OCCUPATION CHARLES WIDOWED OVORGED MARRIED 102 USUAL OCCUPATION CONTROL OF MARRIED 103 USUAL OCCUPATION CONTROL OCCUPA	Month Oay Year 26, 1967
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. CATE OF BIRTH 9. AGE (In last bir birth) White WIDOWED V OIVORGED Amany 1, 1887	n years IFUNDER 1 YEAR IFUNDER 24 HRS. Thiday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done lob. KINO OF BUSINESS OR labeled and lob. KINO OF BUSINESS OR lobustry lindustry and local lindustry lindustry and local lindustry and local lindustry.	
13. FATHER'S NAME Richard Holf Rathryn	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. E-luciu Du Neane,	Address 207 Indian for If Ma
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Coronory Occioria.	INTERVAL BETWEEN ONSET AND DEATH
d. NAME OF HOSPITAL OR/NSTITUTION (if not in hospital, give street address) G. STREET ADDRESS C. D. JALLY CHRISTING G. D. BOLLOW CHRISTING G. D. B), sc-se 5715
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or PORT OR CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTION TO CAUSE OF DEATH	IVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DA
202. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or PORT OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. THE OF INJURY MONTH, Cay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or the factory, street, office) bldg., etc.)	Part II of Item 18.)
20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or the factory, street, office bidg., etc.) 20f. (City or the factory, street, office bidg., etc.) 20f. (City or the factory, street, office bidg., etc.) 20f. (City or the factory) 20f. (Ci	town) (County) (State)
21. I certify that (I) (this hospital) attended the deceased from 1950, 19, to 0 constant the deceased alive on 1010 1967, and that death occurred at A M, from the constant that the deceased alive on 1010 1967, and that death occurred at A M, from the constant that the deceased alive on 1010 1967, and that death occurred at A M, from the constant that the deceased alive on 1010 1967, and that death occurred at A M, from the constant that the deceased alive on 1010 1967, and that death occurred at A M, from the constant that the deceased alive on 1010 1967, and that death occurred at A M, from the constant that the deceased alive on 1010 1967, and that death occurred at A M, from the constant that the deceased alive on 1010 1967, and that death occurred at A M, from the constant that the deceased alive on 1010 1967, and that death occurred at A M, from the constant that the deceased alive on 1010 1967, and that death occurred at A M, from the constant that the deceased alive on 1010 1967, and that death occurred at A M, from the constant that the deceased alive on 1010 1967, and that death occurred at A M, from the constant that the deceased alive on 1010 1967, and that death occurred at A M, from the constant that the deceased alive on 1010 1967, and that death occurred at A M, from the constant that the deceased alive on 1010 1967, and the deceased alive on	+. 26 1967, that (I) (we) last causes and on the date stated above.
22a. SIGNATURE 22a. SIGNATURE M.O. ATTENDING MED. DIRECTOR PHYS. 22c. PHYSICIAN'S (22d. AOORESS)	FF 22b. OATE SIGNED
22c. Physician's Name (Type) He yald He 19e5 5415 Con h. 23a. Burial, Cremation, 23b. Date thereof 23c Name of Cemetery or Crematory 23d. Vocation, REMOVAL (30cg/fy) Date 25 10 1 2 10 10 10 10 10 10 10 10 10 10 10 10 10	AVENW DC (City, town or county) (State)
Divide Col. Political Court September 101 and	State) (State) (State)
VR AIS (4) Januar Mitellers 254 Carrall Dl NW. Work OC DATE OCT 27 1967	gardes Judge.

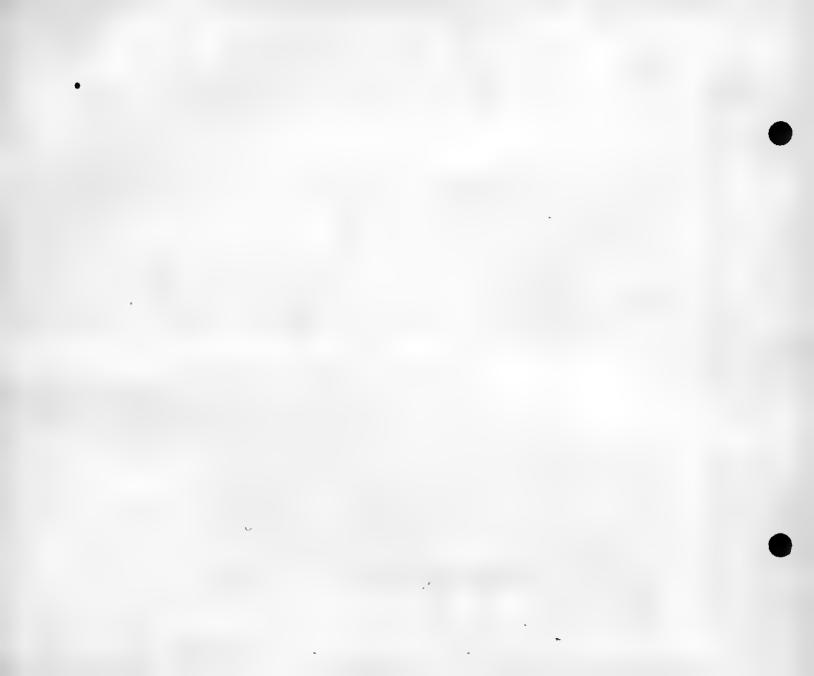




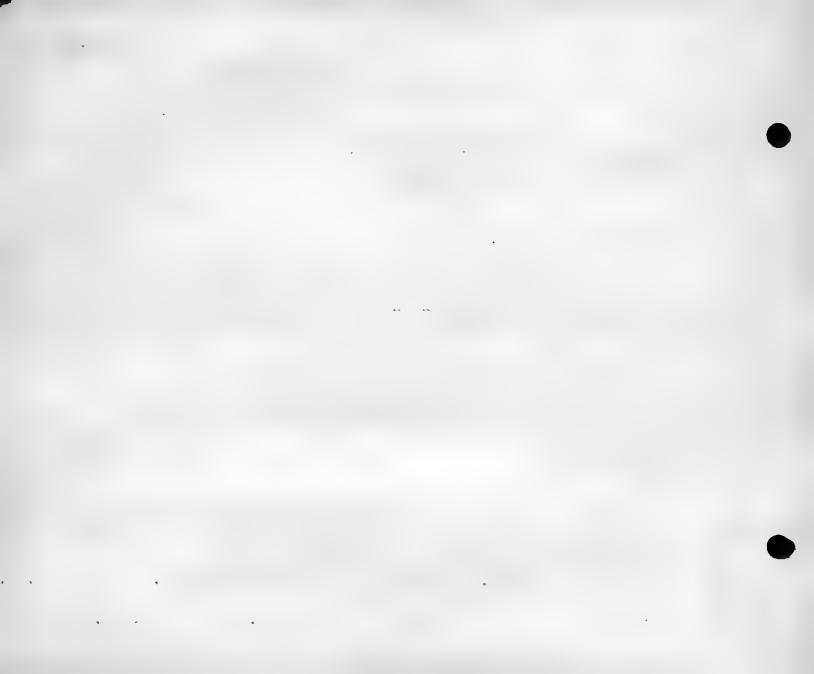
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificote be executed within 24 hours Page 4 may be retained by the hospital or attending physicion.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

					CERTI	FICATE	OF DEATH			-	140	69
		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed rived, if insti								e before o	odmission)
		. COUNTY	Montgon	nery	MA	RYLAND	o. STATE	Montgemery				
	Г	b. CITY OR TOWN (f outside corporate limit give nearest town)	5,	c. LENGTH OF STAY	/ IN 1b	c. CITY OR TOWN (If		ote limits, write R	URAL ond give	neorest t	own)
	L	B	ethesda		12 Days		Si	lver S	pring			1
	1		AL OR INSTITUTION (If no		,		d. STREET ADDRESS				е	IS RESIDENCE ON A FARM?
			cal Center.	Bethe	esda, Mary	land	809 Hobb	s Driv	e		YES	
		NAME OF DECEASED	Fi	rst	Middle		Lost	4. DATE OF	Mo	nth	Doy	Year
		Type or print)	Fran	ık	James		Dillon, J	r DEATI	Oct	ober	14	19 67
	5.	SEX	6. COLOR OR RACE	7 MARRIED	-		DATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER 1		LNDER 24 HR Hours Min
		Male	White	WIDOWED	t-u-J	ED 🔲 🔏	21 April 1		43 yrs			
	dur	. USUAL OCCUPATION ng most of working	(Give kind of work done ife, even if retired)	J.B	IND OF BUSINESS OR ADUSTRY		11 BIRTHPLACE (Coul	nty & State, or f	oreign country)		IZEN OF W	HAT
	12	Print FATHER'S NAME	er	Fed	leral Gove	rnment	West	Virgin	ia		SA	
	13.	FAIRER 3 NAME					14. MOTHER'S MAIDE					
	10	Was Bestaern nus	F'rank	J. Di	llon, Sr.	1 17 10		Th	elma Ray			
	(Ye	s, no, or unknown)	(If yes give wor or dotes of	of service)	SOCIAL SECURITY NO		FORMANT The					
					236-28-996	7 'l'he	e Clinical	Cente	r, Bethe	sda, Ma		
		1B. CAUSE OF DE PART 1. DEAT	ATH (Enter only one cou H WAS CAUSED BY:			+ 1						AL BETWEEN
		IMMEDIATE CAUSE (a) I THE UNITED TITLE (R. DUTTE)										AND DEATH YS
		Conditions, if ony, which gove (b) Acute Lymphocytic Leukemia										
1		rise to immediate	couse (o),		te Lympno	Leukemia		8 M	<u>lonths</u>			
		stoting the under	lying couse	(c)								
			SNIFICANT CONDITIONS C		TO DEATH BUT NOT D	CLATED TO T	UE TEDANINAL DISLACE	ONDIT ON CIV	CH IN DART 1/->		110 W	AS AJTOPSY
	8	TAKE II OTHER SIN	MITCHAT COMO RIGHTS C	ONIKIBUTINO	TO DEATH BUT NOT KI	DAILO IO II	TIE TEKNINAL D JEAJE (UND IN GIV	EN IN PART (O)		PE	RFORMED?
	SIS	200 ACCIDENT WAS	L NOER, YING TI	20h DI	ESCRIBE HOW INHIPY	OCCUPPED (Enter noture of injury	in Port I or Ro	rt II of stem 10)		YES	X NO [
i	ERT	OR CONTRIBLTING (IF EITHER, NOTIFY	☐ CAUSE OF DEATH	200.01	COURTED TO THE OWN	steamen.	cinc. notore of injury	WI 1011 1 51 10	ii ii or iiciii ig.)			
	MEDICAL CERTIFICATION		RY Month, Doy, Year	20d. I	NJURY OCCURRED	20e PLAC	E OF INJURY (Home, fo	orm 20f	(City or town)	(Cour	ntv)	(Stote)
	WED	Hour o.m	1.	While	Not While	facto	ry, street, office bldg., e	lc)	(21) 01 (011.1)	(500)	[7	(51010)
		p.n	y that XIX (this has	ot wor			Octobon	10 677	a 1/ Oat	ah amil Mr	7 that	701) /\ E
		saw the de	ceased alive an 1	4/Octo	ber 19 67	and that	death accurred	18:55 I	A. from raises	and on the	<u> </u>	tated abou
		220 SIGNATURE	()	/				PI	1		TE SIGNED	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		total	W. Ke	yes	X	M.D.	ATTENDING PHYS	MED DIRECTOR	STAFF D	X 15 00	tobe	r 1967
		22. PHYSICIAN S	/ /				22d. ADDRESS	The Cl	nical Co	enter.	Nati	onal
		NAME (Type)	John W.	Keyes	Jr., MD.		Institut	tes of	Health.	Bethes	ida.	Md
	23a		N, 23b. OATE THE	REOF	23c. NAME OF CEA	METERY OR C	REMATORY	23d. L	CATION (City or T	own) (i	(ounty)	(Stote)
	7/	REMOVAL (Specify)	as IUCT. 19	1. 1967	Millers	wille	Mennonite	Mil	lersvill	e. Pen	nsil	vania
1	24	AUNERAL DIRECTO	-C. Glen	arter	SIT SIT YOUR PROPERTY	ic tu	enne 250. RE	C'D BY REGIST	RAR 2Sb F	REGISTRAR'S 5 C	GNATURE	
	1	37 10h 8.	I'm hreu	900 S	Vilvon Ann	inc 1	Old DATA	CT 19	196/	Cliares	my you	-



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 4965 CERTIFICATE OF DEATH 14070 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) o. COUNTY o. STATE **6 COUNTY** MARYLAND The law requires that the death certificate be executed within 24 hours after b CITY OR TOWN If outside corporate limits, write RURAL and give negrest town). r LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) .⊑ d NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e IS RESIDENCE ON A FARM? NO X NAME OF Lost DECEASED (Type or print) Dills 13 1967 DEATH 10 IF JNDER 1 YEAR 6 COLOR OR RACE 7. MARRIED 1621. NEVER MARRIED DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS by the attending physician and com transit permit. Then please remove cremation, or removal, and in any ev last birthdoy) Months DIVORCED 4-26-95 Workin WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? Pennsulvania 4-mpra 13. FATHER'S NAME 14. MOTHER'S MAISON NAME 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) ((If yes give war or dates of service WWI-ARMU 98. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).
PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) signed by the buriol-tronsit on 005/11-DUE TO be detached for use as the buriol-' State Dept. of Health prior to buriol, Conditions, if ony, which gove rise to immediate couse (a), DUE TO storing the underlying couse O FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PERFORMED? PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) neimon YES 🔀 200 ACC DENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port or Port II of item 181) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c, TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While 21. I certify that (I) (this hespital) attended the deceased from Accident 1966, to October 13, 1962, that (I) (see) last saw the deceased alive an October 13, 1967, and that death accurred at 2:39 PM, from causes and an the date stated above. be retained 22a. SIGNATURY 22b DATE SIGNED M.D. DIRECTOR 7600 Carroll Ave. Takoma Fark, Md. 22c. PHYSICIAN'S Page 4 may Nelson NAME (Type) Stuart L 230 BURIAL CREMATION. 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify) Cem. Indian Orchard Honesdale, Pa. 25b REGISTRAR'S SIGNATURE VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased aved, if institut an Residence before admission) o. COUNTY a. STATE b. COUNTY MARY! AND b. CITY OR TOWN (If autside corparate limits, CLENGTH OF STAY IN 16 autoide corparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) AKOMA OR INSTITUTION (if not in haspital, give street address) d. STREET ADDRESS S RESIDENCE ON A FARM? and in any event, within NAME OF DECEASED Lost 4. DATE (Type or print) NonE DEATH 196 5 SEX IF UNDER I YEAR IF JNDER 24 HRS 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** 9. AGE (In years last birthday) Months Days Hours WIDOWED DIVORCED 20-00 10a USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during mast of working life, even if retired) INDUSTŔY COUNTRY? MARGIANO 11.5 0 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME buriol, cremotion, or removal, NOG IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMAN (Yes, no, or unknown) (If yes give war or dates of service) B CAUSE OF DEATH (Enter only one couse per une for to).
PART | DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the EMMORTAGE **buriol-transit** IMMEDIATE CAUSE (a) Poge 4 may be retained by the hospital or attending physician. DUE TO Conditions, if ony, which gave (b) rise ta immediate cause (a), DUE TO stoting the underlying cause last use os PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) WAS AUTOPSY PERFORMED? NO certificate 20g ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of item 18) OR CONTRIBUTING [CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20c T-ME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (C*y ar fawn) (Caunty) (State) O FUNERAL DIRECTOR: After this Hour a.m. Not While factory, street, office bldg., etc.) ATTENDING 21. I certify that (1) (this haspital) attended the deceased fram. , 1967, to 10-16, 1967, that (I) (we) last 9-10 director, page 3 shauld should be filed with the 1967, and that death occurred at 1:30 PM, from causes and on the date stated above saw the deceased alive on 10-15 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** M.D DIRECTOR PHYS PHYS 808 PERSHING 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL, CREMATION, 23b. DATE THEREOF 23d, LOCATION (City or Town) (County) Baltimore, Md. Oct 20, 1967 Loudon Park Cemetery 2Sq REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR **ADDRESS**



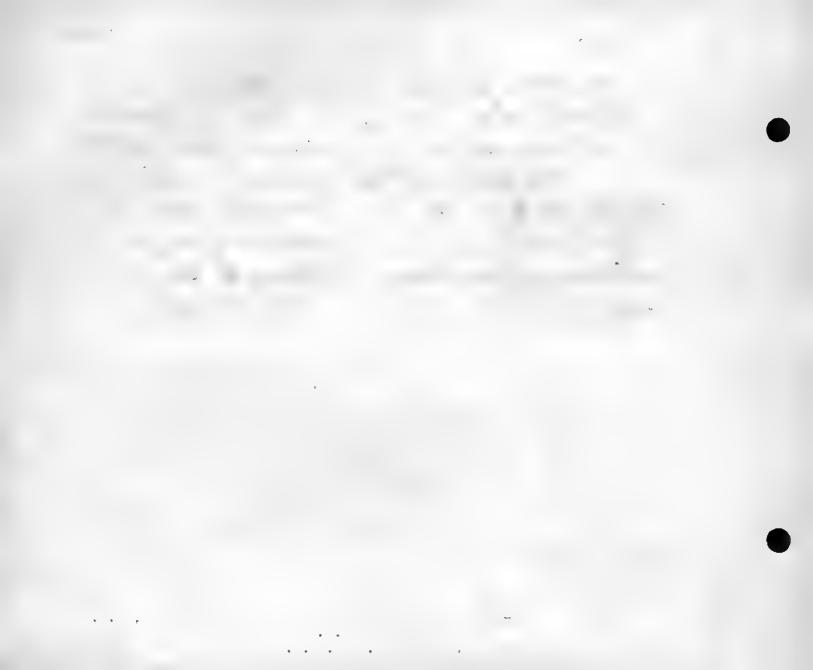
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 406 a CERTIFICATE OF DEATH death haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) COUNTY COUNTY MARYLAND haurs after CITY OR COWN (If outside corporate imits, c LENGTH OF STAY IN 16 c CITY OR JOWN (If outside corporate limits, write RURAL and give neares) Jown) write BURAL and give nearest town) NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RES DENC d STREET ADDRESS gadod ON A FARM NO IX within NAME OF Middle Year DECEASED ÔF camplete Dacev 1960 COL and in any event, Type or print DEATH The law requires that the death certificate be executed AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS 7 MARRIED NEVER MARRIED Jost birthdoy) Hours WIDOWED DIVORCED and 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10o. LSUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & Stote, or foreign country) please during/most of working life, even if retired) INDUSTRY physician + CLOCLOC 13. FATHER'S NAME / 14 MOTHER'S MAIDEN NAME ar remayal, Mary Ann Dovle Ducew Opens mo WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO (Yes_no, or unknown) (If yes give wor or dotes of rervice 13-56-4878 bursal, crematian, INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) **burial-transit** ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove " (b) rise to immediate cause (o), DUE TO stoting the underlying couse as the prior tal lost. PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Health BICINOMIZ NO this certificate 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Day Year 20d INJURY OCCURRED (County) (Stote) (City or fown) Hour o.m. foctory, street, office bldg., etc.) Not While After of work at work 21. I certify that (1) (this haspital) attended the deceased fram. , that (I) (we) last directar, page 3 shauld shauld be filed with the 10/2919 67, and that death accurred at 9/1/27/M2 from causes and an the date stated above. FUNERAL DIRECTOR: saw the deceased alive an 220. SIGNATUR 22b DATE SIGNED. **ATTENDING** DIRECTOR M.D. PHYS PHYS 22d. ADDRESS 22c. PHYSICIAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE THEREOF BURIAL CREMATION (County) (State) REMOVAL (Specify)
Burial 11-3-67 Gate of Heaven Cem. Silver Spring. Marvlan d 2 2So REC'D BY REGISTRAR

PUMPHREY. Bethesda, Maryland

1967



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1.1073 MEDICAL EXAMINER'S CERTIFICATE OF DEATH USUAL RESIDENCE (Where decepted lived, if institution, Residence before odmission) PLACE OF DEATH o. COUNTY o STATE 2, and 3 to PM3. Page rtment of wite BORAL and give nearest town d STREET ADDRESS OFFIRE be executed within 24 hours ofter death e certificate, writing the word "pending" in pencil in Item 18. Give Page should be forwarded to the Chief Medical Examiner's Office along with DATE OF DEATH NAME OF DECEASED (Type or print IF UNDER NEVER MARRIED Months event within 72 hours offer death. WIDOWED DIVORCED 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT and Sas Light Co 13 FATHER S MAME (If yes give wor or dates of service) Mrs Ginstance etcher | B CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
| PART | DEATH WAS CAUSED BY: Carcinomatosis IMMEDIATE CAUSE (b) This certificate should DUE TO in ony Conditions, flony which gove (b) Squamous cell carcinoma skin of thumb with nse to immediate cause (a), diffuse metastasis. DUE TO stating the underlying couse 19 WAS AUTOPSY PERFORMED? or removol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(0) YES 50 NO. 20o. EXTERNAL CAUSE WAS 20b DESCRIBE HOW NURY OCCURRED (Enter noture of in ury in Part I or Part II of Item 18) 3 should PRIMARY I or CONTRIBUTING I **CAUSE OF DEATH** (City or town) 20c. TIME OF INJURY Month, Day, Year Hour a.m. 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f foctory, street, office bldg, etc.) Not While at work ot work 21. I certify that I took charge of the remains described above, held an Autapsy (X), Inquiry XI, Inspection 7 and in my opinian O FUNERAL DIRECTOR: Notural couses A. Accident . Suicide . Hom cide . deoth resulted from: Undetermined manner CHIEF MEDICAL EXAMINER hm & Ball ACTUAL 22 DATE SIGNED ASS STANT MEDICAL EXAM NER prior 1 SIGNATURE funerol DEPUTY MEDICAL EXAMINER M Health NAME (Type) Address (Street, city, town, or county) 23d LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 230 BURIAL CREMATION. 10-2641967 Gle nwood Cemetery Washington, D.C. ADDRESS Wash D.C. 250 RECD BY REGISTRAR
DATE OCT 26 25b REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR VR A15ME (5) Joseph Gawler's Sons, Inc. 5130 Wisc. Ave. N.W. DATE OCT 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 4063 CERTIFICATE OF DEATH 14074 2. USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) PLACE OF DEATH or COUNTRY b. COUNTY MARYLAND The law requires that the death certificate be executed within 24 hours after LOCTEOMERY b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) e IS RESIDENCE ⊑ HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREFT ADDRESS paper in 72 ON A FARMS led YES NO I NAME OF pan DATE Month Year Doy campletely DECEASED 1967 and in any event, 10 (Type or print) Car DEATH IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 9. AGE (In years last birthday) Dovs Hours WIDOWED DIVORCED and 1Do JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT please during most of working life, even if retired) **COUNTRY ?** 13. FATHER'S NAM 14 MOTHER & MAIDEN NAME burial, crematian, ar remaval, attending phys 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes. no, or unknown) (If yes give wor or dotes of service) SAME 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) INTERVAL BETWEEN signed by the burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) by the hospital ar attending physician. DUE TO Conditions, if any, which gave (b) rise to immediate couse (a). DUE TO stating the underlying couse this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health prior ta lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? NO TO 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18,) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 2Dr. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 2De PLACE OF INJURY (Home, form, (City or town) (Stole) (County) Hour o.m. While Not While foctory, street, office bldg. etc.) TO FUNERAL DIRECTOR: After of work at work 21. I certify that (1) (this hospital) attended the deceased fram 16 Z, that (1) (We) last be retained 3 1967, and that death occurred at 137 A M, from couses and on the date stated above. sow the deceased alive on 220 HONATUR 22b DATE SIGNED **ATTENDING** MED DIRECTOR STAFF PHYS. «M.D. TO HOSPITAL Page 4 may t 22c. PHYSICIAN S 22d. ADDRESS NAME (Type) 9241 Columbia Blvd. Silver Springs, Sengstack 23o. BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 10/21/67 Mercer County W. Va. Monte Vesta 24. FUNERAL DIRECTOR 5. (Pozera) 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 3901 NADDRE Fairfax Dr. VR A15 (4) 25M 1/67 196 Arlington Funeral Home Arlington, Virginia



1	Di	vision of STATIS				PARTMENT OF H I W. PRESTON STR		IMORE, MARY	LAND 2	1201	
7.5	70			CERT	IFICATE	OF DEATH		Þ	. 1	4075	
b CITY O	Monte	omery jutside carparote limit	'5,	C LENGTH OF STA	RYLAND V IN Th	2 USUAL RESIDENCE (o. STATE V1.1 c CITY OR TOWN (If o	rginia	b (OU	NTY		Ŷ
		a (rural)		2 days	3		langle			12	, protection and an
Na	val Ho	or institution (If no spital	ot in haspital,	give street oodress)		d. STREET ADDRESS	Park	Apartmen	ts	YES O	RESIDENCE N A FARM? NO D
3 NAME OF DECEASEI (Type or	printi	Ke.	rst LLy	Middle Anne		DOUDS Lost	4. DATE OF DEATH		ber	Doy 25	Year 19 67
s sex Female		Color or RACE	7 MARRIED WIDOWED	NEVER MARR		Oct. 22 196		9 AGE (in years last birthday) yrs	Months	Days H	UNDER 24 HRS GUTS Min
during mast of	Oa USUA. OCCUPATION (Giva kind af wark dane during mast of working the, even if retired) 10b KIND OF BUSINESS OR INDUSTRY						11 BIRTHPEACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? USA 14. MOTHER'S MAIDEN NAME				
Jol	nn C.							na Marie		.0	
(Yes no or u	nknown) (If	NUS ARMED FORCES? yes give wor or dotes? N/A	of service) N	A SOCIAL SECURITY NO		nformant Hospital re	cords	Addr	ess		
Condition	ISE OF DEATH IRT I. DEATH Ins, if any, w mmediate of the underly	ause (a), ((o) : TO (b)	eumonitis	, bile	ateral				ONSET	AL BETWEEN AND DEATH
PART II						THE TERMINAL DISEASE CO				19 WA PER YES	S AJTOPSY FORMED?
G (IF EITHE	R, NOTIFY ME	NDERLYING (1) CAUSE OF DEATH DICAL EXAMINER) Manth, Day, Yeor		NJURY OCCURRED		(Enter nature of injury in			10	County)	(State)
21	Haur a.m. p.m.	that (A) (this has	While at wo	Not While at wark	od fram_C	ory, street, office bldg., etc	1967.	to Oct 25	, 19	67, that	(以 (we) las
22o. S	GNATURE HYSICIAN'S	me P Sur		-(uc) U8	N/ MI	ATTENDING D	MED. DIRECTOR	STAFF PHYS.	22b.	DATE SIGNED Oct. 26	, 1967
N	AME (Type)	Gene P. S	wartz,	M. D.				al, Beth			
	AL (Specify)	23b. DATE TH 10/27,	/67	23¢ NAME OF CE	ton Na	tional	A	ocation (Gity or To	. Vir	(County)	(State)
		Everly-Wa				n C	D BY REGIST	1967 25	LON	SIGNATURE	ge.
		X VIRGIN		STATE OF THE STATE OF	AACK,	Unit 6					



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Them #9 Film #339 11113787 ph

CERTIFICATE OF DEATH 14076 The law requires that the death certificate be executed within 24 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) b. COUNTY / o. COUNTY b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) e IS RESIDENCE ON A FARMS d NAME OF HOSPITAL OR INSTITUTION (It not in hospito, give street oddress) and of the Hills to unsing it on a d STREET ADDRESS Randelph DECEASED Duke 0 196 AGE (1 yeors doy) IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACI NEVER MARRIED 10 - 28 - 1885 1 ost adoy)

11 BIRTHPLACE (County & Stc. or foreign county y) WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 12 CIT ZEN OF WHAT INDUSTRY INDUSTRY U.S Housewite 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremation, or removal, UNKNOWA UNKNOWN 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) HERBERT A. DUKE, SON BETHESDA, M signed by the o 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY ONSET AND DEATH MYOLARDIAL INSARLTON IMMEDIATE CAUSE (a) DUF TO Conditions, if ony, which gove nise to immediate couse (o), ARTELLIA SLIENDOIS DUE TO stating the underlying couse etached far use as the Dept. of Health prior ta 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(o) - GALANIC BRA ~ DSTAKE NO NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of minery in Port 1 or Port 11 of item 18.) 20g ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year TO NUNERAL MIRECTON After this Hour o.m. foctory, street, office bldg , etc } at wark Page 4 may be retained 22o. SIGNATURE 22b. DATE SIGNED M.D. director, page should be filed 22d. ADDRESS 22c. PHYSICIAN S 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION, (County) REMOVAL (Specify). 250 REC D BY REGISTRAR VR A15 (4) 25M 1/67

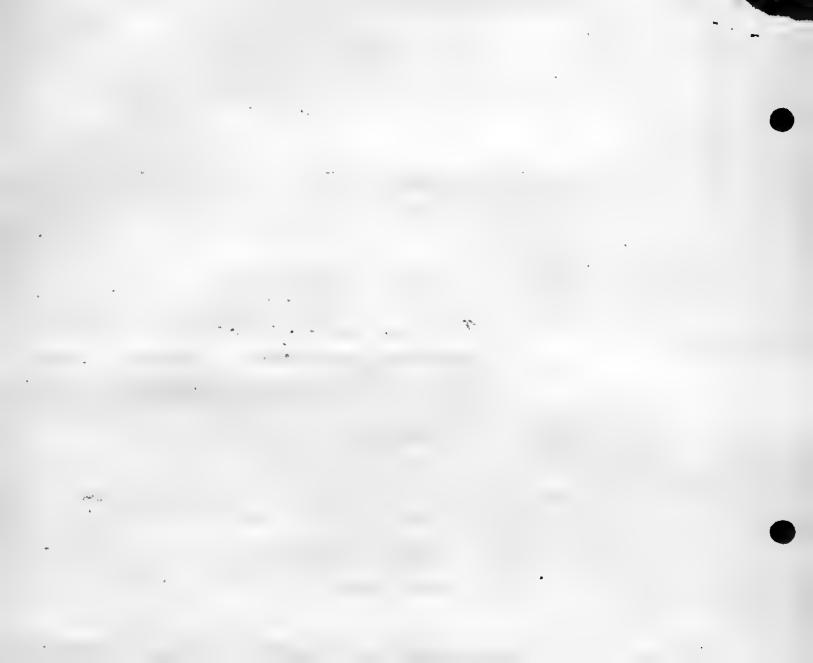


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14077 HEALTH DER PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) of COUNTY, b. COUNTY 2, and Page 3,10 MARYLAND ony detay CTY OR TOWN (If autside corparate limits, ELENGTH OF STAY IN 16 CUTY OR JOWN (if outside carporate imits, write RURAL and give nearest town) write KURAL and give nearest town) da NAME OF HOSPITAL OR INSTITUTION (f pat in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? with form State YES NO IX Give Pages This certificate should be executed within 24 hours ofter death NAME OF Middle 4 DATE Manth Day У ест DECEASED QF. UVALI 1967 burial-tronsit permit. File pages lond2 with this (Type or print) DEATH forwarded to the Chief Medical Examiner's Office olong IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6 COLOR OR RACE AGE (In years 7 MARRIED NEVER MARRIED last birthdoy) Months Hours any event within 72 hours ofter death WIDOWED DIVORCED 10a, SUAL OCCUPATION (Give kyod af wark dane Ob KIND OF BUSINESS OR (State or foreign, country) 12 CITIZEN OF WHAT during most of warking I te, even f retired) INDUSTRY COUNTRY 13 EATHER'S NAME 14. MOTHER'S MAIDEN MAME in pendi 15 WAS DECLASED EVER IN U.S. ARMED FOR CES? 16 SOCIAL SECURITY NO (Yes, no. of unknown) (If we give war or dates af service) ie DUVAN Tem # 18. CAUSE OF DEATH (Enter only one cause per line far (a),
PART I DEATH WAS CAUSED BY: (b), and (c),) 70017701712 IMMEDIATE CAUSE (a) the certificate, writing the word **DUE TO** Conditions, if ony, which gave (b) nse to immediate cause (a), DUE TO stating the underlying cause 0.5 19 WAS A JOPSY PERFORMED? cremotion, or removal, PART II OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) CERTIFICATION yES 🔀 NO should be 20a. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) 3 should PRIMARY I or CONTRIBUTING I CAUSE OF DEATH 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Home, form (City ar town) (County) Hour a.m. factory, street, affice blda., etc.) Not While 5 may be retoined for your to FUNERAL DIRECTOR: Page Health prior to buriol, cremo Page at work at wark Inquiry 🔯 21 I certify that I taak charge of the remains described above, held an Autapsy [X]. Inspection X and in my apinian Natural causes Su cide the funeral director death resulted fram: Accident Hamicide **Jndetermined** manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAM NER SIGNATURE DEPUTY MEDICAL EXAMINER X **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) DATE THEREOF 23c NAME OF CEMETERY OR CREMATOR) 23d LOCAT ON (City or Town (County) (State) emelery 25g. REC'D BY REGISTRAR 25b REGISTRAR VR A15ME 1967 6M 1/67



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14078 CERTIFICATE OF DEATH 24 hours after deoth. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b (by OR TOWN (If outside corporate limits, where RURAL and give nebrest town) MARYLAND ON140meny OR TOWN (If outside corporate limits, write RURAL and give nearest tayon) c. LENGTH OF STAY IN 1b 415. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street agaress) d. STREET ADDRESS IS RESIDENCE ON A FARM? by the ottending physician and completely tilled ransit permit. Then please remove carbon page 0710 NO K law requires that the deoth certificate be executed within NAME OF First Middle DATE Last Manth Day Year DECEASED (Type or print) Oct. 19 67 DEATH 5 SEX 6 COLOR OR RACE 7. MARRIED DATE OF BIRTH AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED lost purthday) Frinale White May 18,1883 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working site, even if retired) INDUSTRY COUNTRY? Czechoslovakia Mousewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sartholomew Soukup Mary Kolar WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no or unknown) (If yes give war or dates of service) Same as Item 2. Julia D. Unlinown buriol, cremotion, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) INTERVAL BETWEEN buriol-transit DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician. DUE TO signed l ERIDSCIEROTULEART DISEASE Canditions, if any, which gave rise to immediate couse (a), DUF TO for use as the b f Heolth prior to b stating the underlying couse has been lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) WAS AUTOPSY PERFORMED? director, page 3 should be detoched for use should be filed with the Stote Dept. of Health NO II this certificate YES 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Hour a.m. Not While factory, street, office bldg , etc.) O FUNERAL DIRECTOR: After at work 21. I certify that (1) (this hospital) attended the decoased from..... 3, 1967, and that death occurred at 450 AM, from couses and on the date stated above. saw the deceased alive on_ 220 SIGNATURE 22b. DATE SIGNED M.D. 22c. PHYSICIAN'S 22d ADDRESS month ome NAME (Type) HALL G. 23g. BURIAL CREMATION, 23b DATE THERFOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) (State) Cremation 10-20-67 Cedar Hill Crematory Suitland 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR PUMPHREY, Bethesda, Maryland Otherwise Judge

MARYLAND STATE DEPARTMENT OF HEALTH



78	Item 20 Film 394 10-31-6WYARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1079
HEALTH DEPT.	PLACE OF DEATH o COUNTY Montgomery Maryland 2 USUAL RESIDENCE (Where deceosed lived if institution Residence o STATE Ohio b. COUNTY	before odmission)
2, and 3 ta PM3. Page	b CITY OR TOWN (If outside corporate limits, write RURAL and give regress town) North Lawrence b CITY OR TOWN (If outside corporate limits, write RURAL and give regress town) lo Days North Lawrence	
E CO	d NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street oddress) Naval Hospital d STREET ADDRESS 1148 Glenway Ave., Northwest	e IS RESIDENCE ON A FARM2 YES NO
Pog Pog	Tipe of Proff	Doy Year 12 19 67
_ × = = = = :	Male Cauc WIDOWED DIVORCED Sept. 19, 1943 24 vis	Doys Hours Min.
within 24 haurs of pencil in Item 18 kaminer's Office of ite pages 1 and 2 whours after death	during most of working life, even if ret red) NDUSTRY Franklin, Tuscarawas, Ohio	USA
swithin in pencil Examinei File page 2 hours o	Michael Frank Evanovich Elizabeth M. (Not Known)	
be executed "pending" in lief Medical E mist permit. F ent within 72.	15 WAS DECEASED EVER IN . S ARMED FORCES? (Yes, no. or unknown) (f yes g ve wor or dotes of service) Yes 2-20-64 to 10-12- 16 SOW EECUS V NO. 596 Marine Corps Records	
old be executed word "pending" in performance Extending Exemple. Fill-transit permit. Fill event within 72 h	18 CAUSE OF DEATH (Enter only one couse per Impar (o), (b), and (c)	INTERVAL BETWEEN Sudden
This cert ficate shauld be executed within 24 haurs cate, writing the word "pending" in penal in Item 11 be farwarded to the Chief Medical Examiner's Office be used as a burial-transit permit. File pages 1 and 2 removal, and in any event within 72 hours after death	Conditions, if any, which gove inserts immediate couse (a), stoting the underlying couse (b) DUE TO	40 Days
rrt ficat varded varded sed as c	PART LOTHER SIGNIFICANT CONDITIONS CONTRICTING TO DEATH BUT NOT PETATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART LIGHT	19 WAS AUTOPSY
Thi be be ren	20b DESCR BE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) Passenger in auto involved in accident Passenger in ac	PERFORMED? YES NO
MINER: T the certificates that the shauld be refiles. e 3 shauld	3 20c TIME OF INJURY Month, Dov. Year 20d NyURY OCCURRED 20e PLACE OF INJURY Home, form 20f (City or town) (Count	ty) (Stote)
AL EXAMINER: xecute the cert r. Page 4 shauld far yaur files. OR:Page 3 shau al, cremation, o	1:20 Not While of work of work Street of the remains described above, he d an Autapsy [X], Inspection [X], Inquiry [X],	uth Caro.
MEDICAL EXAM lease execute th director. Page 4 etained far yaur DIRECTOR: Page ta bural, crema	death resulted fram: Natural causes, Accident K, Suicide, Homicide, Undetermined manner	and in my opinial
JTY MEDITY, please eral direct direct be retaine RAL DIRECT proor to b.	SIGNATURE SIGNATURE DEPLTY MEDICAL EXAMINER 10/13/6	22. DATE SIGNED
TO DEPUTY MEDICAL EXAM necessary, please execute the funeral director. Page 45 may be retained far your TO FUNERAL DIRECTOR: Page Health pr or to bural, crema	NAME (Type) John G. Bell, MD Address (Street city, town or county) 230 BURIAL (REMATION 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON 'City or Town) (City or Town)	(State)
7	Brookfield Cemetery Massillon, Of ADDRESS. 250 RECUBRY REGISTRAR 250 REGISTRAR 5 SIG	
VR A15ME (5) 6M 1/67	Falls Church Funeral Home, 1102 West Broad	elas Indas.



· , 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
e when	14075 CERTIFICATE OF DEATH
after death the funeral ges yand after death	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a, STATE b, COUNTY
m m	Montgomery Maryland Washington D.C.
hours after the by the rs. Pages	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Leaton C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 1826 Vernon Street, NU
filled in 72 bo	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
2 1 2	University Nursing Home as above YES NO
completely in carbon ly event, with	3. NAME OF First Middle Last 4. DATE Month Day Year OF (Type or print) Mattie Marie Fairfax DEATH October 20 19 67
_ = 3 =	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS
and emc	Female Negro WIDOWED 2/2/1897 70 yrs.
	10a. USUAL OCCUPATION (GIVE KIND OF BUSINESS OR during most of working life, even if retired) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ficate be e physician on please r wal, and in	Practical nurse Warrenton, Va. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
certifica ding ph Then remova	Andrew Williams Ella Holmes
e death certific the attending p it permit. Then lation, or remov	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service)
dea he a per	Nursing Home Records 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 1 INTERVAL BETWEEN
- > to =	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH
ires that physicia signed burial-tr burlal, c	DUE TO DUE TO
uires g phy en si bur o bur	gave rise to immediate (b)
aw requi ttending has been as the l prior to	cause (a), stating the DUE TO Version Actions (c)
The law requires that to or attending physician. sate has been signed by rose as the burial-transaith prior to burial, cre	PARTILOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
K. The tal our for the all the all	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.)
ICIA) cert cert ihed of of	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) CR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSICIAN: the hospital this certific detached for e Dept. of He	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) Hour a.m.
ING I by Affler be Stat	
TENDING trained by TOR: After should be th the Stat	21. 1 certify that (I) (this hospital) attended the deceased from 13 1 to 19 to 19 that (I) (we) las saw the deceased alive on 19 to 19 to 19 that death occurred at 3 1 M, from the causes and on the date stated above
OR ATTENDI OR ATTENDI INECTOR: A Se 3 should	22a. (SIGNATURE) DATE SIGNED
AL OR ISY be Dage flied	22c. PHYSICIAN'S 22d. ADDRESS STAFF 10.20-67
HOSPITAL Page 4 may FUNERAL director, pag	NAME (Type) Emerson Williams, M.D. 705 Kenyon St., NW, Wash., DC
Page 4 may be retained by the hospital or attento Function. The law to Funcatal intectors adjrector, page 3 should be detached for use as should be filed with the State Dept. of Health prior	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 10/24/67 Warrenton Warrenton. Virginia
	Buriar 10/24/67 Warrenton Warrenton, Virginia 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4)	Moser treneral Home Warrenton Va DATE OCT 23 1967 Hollandes Judge
15M 4-64	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14081 CERTIFICATE OF DEATH death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed, if institution. Residence before admission) o. COUNTY o. STATE **6** COUNTY ONTGOMERY MARYLAND ONT G-OMERY b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If gutside corparate limits, write RURAL and give nearest town) write RURAL and give nearest town Silver Spring 11 days DILUFR d. NAME OF HOSPITAL OR INSTITUTION (If not in nospital, give street oddress) d STREET ADDRESS ON A FARM? and in any event, within NAME OF Middle Last Year carban campletely DECEASED (Type or print) DEATH The law requires that the death certificate be executed IF UNDER 1 YEAR SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (in years 1F UNDER remaye last birthday) Months Days Hours WIDOWED DIVORCED and 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired)
Housewife attending physician opermit. Then please Own Home New York N.Y. 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME detached far use as the burial-transit permit. Then pi te Dept. af Health prior ta burial, crematian, or remaval, William F. Berkowitz Fmances Ehrlich 0 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service Mrs. Sidney Faber 3603 Isbell Sr. S.S. M 218 - 38 - 8040INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) signed by the burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) the haspital ar attending physician. **DUE TO** Conditions, if only, which gove rise ta immediate cause (a), DUF TO stoting the underlying couse WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? NO certificate PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18) 200 ACCIDENT WAS UNDERLYING OR CONTRIBLTING CAUSE OF DEATH (F EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCLERED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour om. factory street, office bldg . etc.) Not White at work at work TO HOSPITAL OR ATTENDIN Page 4 may be retained by 21. I certify that (I) (this hospital) attended the deceased from. 1967, that (1) (we) last 1967, and that death occurred at 11 (UK saw the deceased alive an-AtM, from causes and on the date stated obove. 226. DATE SIGNED 220 SIGNATURE M.D DIRECTOR PHYS. r, page be filed 27d ADDRESS 22c PHYSICIAN'S FUNERAL aeger NAME (Type) 1015 Spring St., Silver Spring, Md. director, I 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) Ft. Lincoln Crematory Prince Georges County 30. 1967 2 Cremation BY REGISTRAL onus John B. Thomas 8434 Georgia Ave S.S Pumphrey Inc.



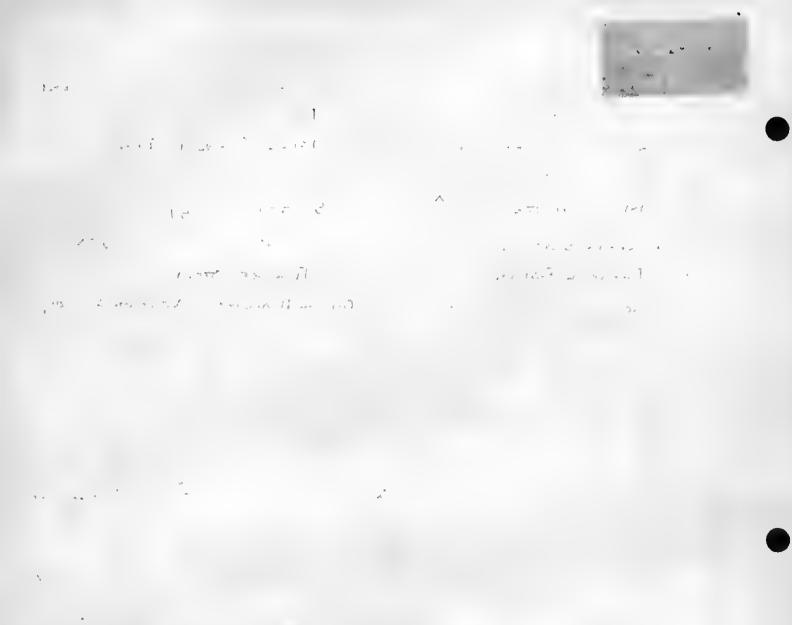
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14082 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. I PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) a. COUNTY A b. COUNTY MARYLAND y deloy c LENGTH OF STAY IN 16 (f gotside carparate lyn ts, outside carparate iim ts, write RURAL and give neglest town) FTHESO d. STREET ADDRESS e IS RESIDENCE d NAME OF MOSPITAL OR INSTITUTION (If nat in haspital, give street address) ON A FARM? YES NO X his certificate should be executed within 24 hours after death 3 NAME OF DATE Year DECEASED JOHN (Type or pont) DEATH 1960 ologo S SEX 9 AGE (In years 6 COLOR OR RACE 7 MARRIED last birthday) Manths Davs Hours any event within 72 hours ofter death WIDOWED DIVORCED the certificate, writing the word "pending" in pencl in Item. 4 should be forworded to the Chief Medical Examiner's Office 10a USUAL OCCLPATION (Give kind of work dane during mast af warking life, even il (retired) BURTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 12 CIT ZEN OF WHAT hinaton D DRIVER 13 FATHER S NAME 14. MOTHER'S MAIDEN NAM (Yes, na, ar unknown) (If yes give war ar dates of service) IB. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE (AUSE (a) Myocardial infarction, vosterior DUE TO Canditians, flany, which gave (b) Coronary arteriosclerosis with occlusion rise to immediate cause (a), DUE TO 0 stating the underlying cause Cerebral contusion + Fracture beltith PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BLT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TO 19 WAS AUTOPS or removol, PERFORMED? CERT F CATION YES DO NO 200 EXTERNAL CAUSE WAS PRIMARY SE OF CONTRIBUTING DESCRIBE HOW NILRY OCCURRED (Enter nature of injury in Part I or Part I of Item 18.) 3 should CAUSE OF DEATH MED CAL 20c T ME OF INJURY Manth, Day, Year 20d INJURY OCCURRED hat While factory, street, affice bldq, etc.) While 5 may be retained for your O FUNERAL DIRECTOR; Page Belherde MONTEGINERY Md of wark Horne -21. I certify that I took charge of the remains described above, held on Autopsy 🔀 Inspection X ond in my opinion Acc dent 🚚, deoth resulted from-Suicide 🗶, Notural causes Homic de Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health Address (Street, city, town, or county) NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION, 23b DATE THEREOF (County) (State) REMOVAL (Specify) PROSPECT HILL CEM. WAShINGTON 25g REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15ME (5) I.U. W CHAMBERS CO SILVER SPRING MD DATO CT 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14083 MEDICAL EXAMINER'S CERTIFICATE OF DEATH EALTH DERT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE b. COUNTY MONTGOMERY MARYLAND MENTGOMERY b. CITY OR TOWN (If auts de carporate limits, write RURAL and give nearest town) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 DETHESDA d. NAME OF HOSP TAL OR INSTITLT ON (If not in hospital, give street oddress) e IS RESIDENCE ON A FARM? d STREET ADDRESS the certificate, writing the ward "pending" in pencl in Item 18. Give Pages 1, 4 shauld be farwarded to the Chief Medical Examiner's Office along—with farm SUBURBAN NO 💢 the State NAME OF First DATE Lost Doy Year DECEASED OF GEORGE in Item 18. Give F-15HER (Type or print) DEATH 1967 IF UNDER 24 HRS S SEX 8. DATE OF BIRTH AGE (In years 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** last birthdov) Months Dovs Hours within 72 haurs after death. WIDOWED D VORCED Aug 6. 1896 MALIE WHITE 100 USUA, OCCUPAT ON (Give kind of work done 10b K ND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? BANKER WASHINGTON 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME 17 INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECUR TY NO (Yes, no, or unknown) (If yes give wor or dates of service) SAME 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH burial transit PART I. DEATH WAS CAUSED BY: event IMMEDIATE CAUSE (6) Ale longinal anoungrous, rustured This certificate shauld in any 4/2215 Conditions, if ony, which gove (b) arteriosclerosis rise to immediate cause (a). DUE TO stoting the underlying couse and be used 19 WAS AUTOPSY remayal, PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(c) PERFORMED? CERTIF CATION YES X NO 200 EXTERNAL CALSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of in mry in Port I or Part II of item 18) 3 shauld Ю PRIMARY I or CONTRIBUTING I CAUSE OF DEATH 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Page of work 5 may be retained far y TO FUNERAL DIRECTOR: PA Health prior ta burial, cr 21 I certify that I taak charge of the remains described above, held an Autopsy (X), Inspection (X). Inquiry X and in my opinion Natural causes X, Accident , Suicide , Hamicide death resulted fram Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE funeral DEPLTY MEDICAL EXAMINER K **EXAMINER'S** NAME (Type) Address (Street, city, lown, or county) the 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) 23o. BUR AL, CREMAT ON, (County) REMOVAL (Specify) Suitland Codur mill Caretin PICE BY REGISTRAN 967256 PROTECTES SENAT 24. FUNERAL DIRECTOR VR A15ME (5) 6M 1/67 1661-Good Hope Rd SE bros. Wasr DC



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14084 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o STATE .2 0 MARYLAND MONTGOMERY MARYLAND delay c. LENGTH OF STAY IN 16 c (ITY OR TOWN (it autside carporate imits, write RURAs and give nearest town) and PM3. HOCKVILLE d. STREET ADDRESS IS RESIDENCE ON A FARM? INSTITUTION (II pot un haspital, give street address) n lo 13105 GRENOBLE NO X YES Give Poges MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. DATE NAME OF Middle Last Year the certificate, writing the word "pending" in pencul in Item 18. Give Po 4 should be forwarded to the Chief Medical Examiner's Office olong with DECEASED OF DEATH pages 1 and 2 with the 1967 ILLIAM HOMAS FISHER 10 17 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 9 AGE (In years 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** 8 DATE OF BIRTH last birthday) Manths Days Haurs WHITE MALE 5-18-16 event with n 72 hours ofter death. WIDOWED DIVORCED 11 BERTHPLACE (State or foreign country) 12 (IT ZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during most of working life, even if retired) **COUNTRY?** INDUSTRY ILLINOIS USA THEURANCE SALESMAN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FRANK L. FISHER FLORENCE STONE IS. WAS DECEASED EVER NUS ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address WHEATON STATION POLICE (Yes, na, ar unknown) (If yes give wor or dates of service OFFICER HRAPCHAK No 18. CAUSE OF DEATH (Enter only one cause per ling)
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN buriol-tronsit ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave nse to immediate cause (a), 2 **DUE TO** 0 stating the underlying couse and 0.5 PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART 1(0) WAS AUTOPSY PERFORMED? removal, execute the certificate, YES NO 200 EXTERNAL CAUSE WAS 3 should PR MARY TO OF CONTRIBUTING CAUSE OF DEATH cremot on, ar 20c. TIME OF INJURY Manth, Day, Year at wark 21 | certify that I taak charge of the remains described above, held an Autopsy death resulted from Natural causes Suicide X ndetermined manner funeral director Acedent be retained may be retain FUNERAL DIRE 5 may be reta TO FUNERAL DI Heolth prior to ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE **EXAMINER'S** NAME (Type) the 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town (State) 23g BURIAL CREMATION 23b DATE THEREO! REMOVAL (Specify) Rock Creek 0/19/67 Washington, Buria. 250 RECD BY REGISTRAR 24 FUNERAL DIRECTOR VR A15ME (5) Rockville, Md. yson Wheeler Funeral Home 6M 1/67



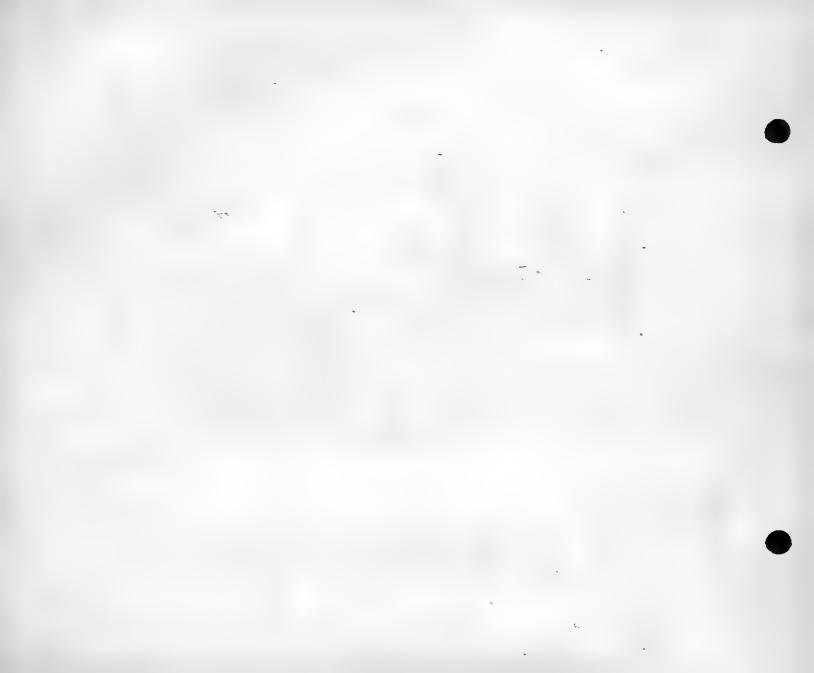
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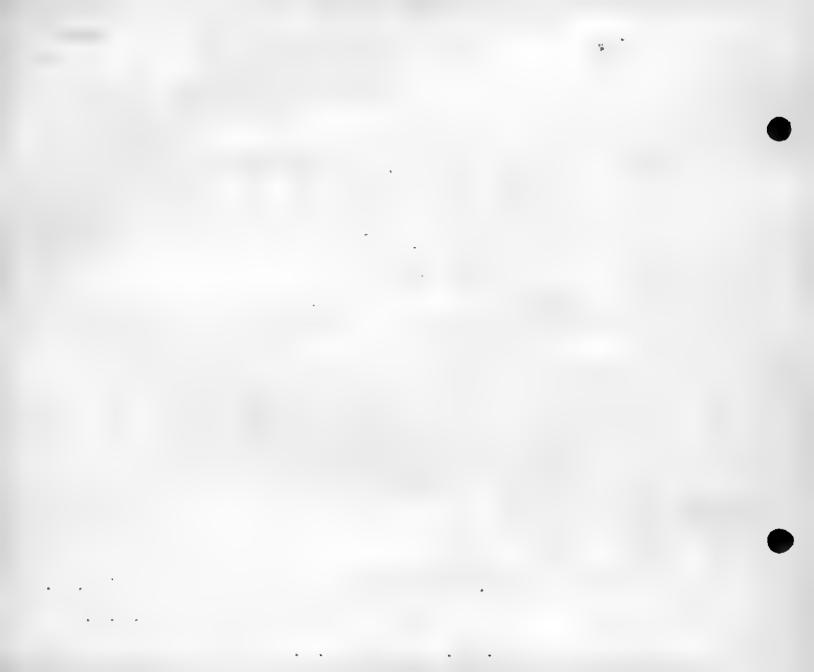
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 4082 14087 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o COUNTY ASHINGTON, DO GNTGOMERY MARYLAND 24 hours after b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 15 days SHINGTON HEATO.L d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. 15 RESIDENCE Ξ ON A FARMS Nursing 4201 NO C requires that the death certificate be executed within NAME OF corbon Last 4. DATE Month Yeor DECEASED BENNETT and in any event, FRANK. 1967 (Type or print) DEATH IF LINDER 24 HRS 9. AGE (In years JE UNDER 1 YEAR 7 MARRIED NEVER MARRIED last birthaovi Months Hours MALE NOU 21 WHITE WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12 CIT ZEN OF WHAT please during most of working life, even if retired) INDUSTRY **COUNTRY?** HODE ISLAND 115 1) ENTIST UENTIST 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, or removol, PRAWFORD PHILIP HUGUSTA 16. SOCIAL SECURITY NO. INFORMANT (Yes, na. or unknown) (If yes give wor or dates of service) 79-60-33447 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) INTERVAL BETWEEN signed by the burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) physician. DUE TO tached for use as the burial-Conditions, if ony, which gove ZED ARTERIOSCIEROSIS rise to immediate couse (a). DUE TO stating the underlying cause this certificate has been last. 19. WAS AUTOPS! PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO M 20b. DESCRIBE HOW INSURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ALSOHAD EMPHUSEMA. (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour om. factory, street, affice bldg.etc.) Not While at work ot work TO FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) attended the deceased fram Civil such , 1960, to 10/25, 1967that (1) (we) last director, page 3 should should be filed with the be retoined saw the deceased alive an 10/24 1967, and that death accurred at 3.55 M, fram causes and an the date stated above. 220 SIGNATURE 22b DATE SIGNED STAFF PHYS M.D. PHYS DIRECTOR TO HOSPITAL Page 4 may ₹ 22d 22c. PHYSICIAN S NAME (Type) BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMAJORY (County) (Stote) REMOVAL (Specify) 10/28 MOENSBURG URIAL ADDRESS 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REG STRAR'S SIGNATURE VR A15 (4) 25M 1/67 JOS. GAWLER'S SONS, 5130 WIS, AVE. NW, WASH. DATE NOV



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14088 MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution, Residence before adm ssion) o COLNTY o STATE PM3. Page mint of 2 delay b CITY OR TOWN (I c LENGTH OF STAY IN 16 side carporate limits, write RURAL and givenearest pup tate Dep d NAME OF HOSPITAL OR INSTITUTION in not in hospital, give street address) d STREET ADDRESS e IS RESIDENC ON A FARM 4 shauld be forwarded to the Chief Medical Examiner's Office along with the Give Pages This certificate shauld be executed within 24 hours after death. NAME OF Middle DATE Year DECEASED OF permit. File pages 1 and 2 with the (Type or print) DEATH AGE (n years S SEX DATE OF BIRTH FUNDER TYEAR IF UNDER 24 HRS 6 COLOR OR 7 MARRIED NEVER MARR ED lost burthdoy) Months. Days w thin 72 haurs after death. WIDOWED DIVORCED 100 LSLAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 12 CITIZEN OF WHAT during may of working life synth retired) **COUNTRY?** pencil 13 FATHER'S NAME 14 MOTHERS MADEN NAME Unentury. IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC AL SECURITY NO 17 INFORMANT Address I yes a ve war or dates at service) pending 18 CAUSE OF DEATH (Enter only one couse per time for (a), (b), and (c)) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY any event IMMEDIATE (AUSE (a) Myocardial infarction writing the ward DUE TO Coronary arteriosclerosis with occlusion immediate Conditions, if any, which gave rise to immediate couse (a), = DUE TO stoting the underlying couse D gud Sign last. be used ar remayal, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? CERTIFICATION execute the certificate, NO 20o EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 1 of Item 18). 3 shauld PRIMARY I or CONTRIBUTING I files. CAUSE OF DEATH crematian, MEDICAL 20c TIME OF INJURY Month, Day Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home form (City or town) (County) Hour a.m. factory street, office blda letc 1 YOUR Not White DIRECTOR: Page ot work Inspection X, 21 I certify that taak charge of the remains described above held an Autapsy 💢, Inquiry 70, and in my apinian ta burial, Natural causes Accident Suicide Undetermined manner d rectar death resulted fram: Hamicide retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURI FUNERAL the funeral <u>_</u> DEPUTY MEDICAL EXAMINER **EXAMINER'S** Hea th NAME (Type) Address (Street, city, town, or county) NAME OF CEMETERY OF CREMATORY FLNERA, DIRE VR A15ME (5) 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14089 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) MARYLAND delay CLENGTH OF STAY IN TH (If outs de carparate limits, outside corporate limits, write RURAL and give nearest town) ate Departm Cheva Chase HOSPITAL OR INSTITUTION (if not in hospital, give street oddress) d STREET ADDRESS e IS RES DENCE form 60 301 CUMIMINIS Lahe Pages be executed within 24 hours after death NAME OF Middle DATE Month Year DECEASED Oct -25/05 (Type or pant) 19 67 DEATH ie certificate, writing the ward "pending" in pencl in Item 18. G<u>iw</u> should be farwarded to the Chief Medical Examiner's Office afond S SEX 9 AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE IF UNDER 7 MARRIED NEVER MARRIED Months ost birthdoy) Hours WIDOWED DIVORCED in any event within 72 hours after death 100 USUAL OCCUPATION (Give kind of work done Ob KIND OF BUSINESS OR 12 CITIZEN OF WHAT Fed. Kersere. GeV. during most of working life, even if retired) COUNTRY? Washington D.C Somes Be.5518. 17 INFORMANI 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burnal-transit Coronary Thrombesis. Acute. ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) This certificate should DUE TO Cardie Vascular Disease-40215. Conditions, if only, which gove rise to immediate couse (a), DUE TO stoting the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY removal, PERFORMED? YES W - NO 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter notice of mary in Part or Port II of item 18) 3 should PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c TIME OF NURY Month Doy, Year 20d INJURY OCCURRED 20a PLACE OF NJURY (Home, form (City or town) ((ounty) 5 may be retained for your r TO FUNERAL DIRECTOR: Page 3 Health priar ta burial, crematin Hour om foctory, street office bidg letc) Not While of work 21 | certify that I took charge of the remains described above, held an Autopsy Inspection 7 Inquiry 🔼 and in my opinian the funeral director. death resulted from Natural causes Accident . Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MED CAL EXAM NER **EXAMINER'S** John G. Ball Bethesda. Md. Address (Street, city, town, or county) NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE THEREOF (County) (Stote) 230 BURIAL, CREMATION REMOVAL (Specify) 10/11/67 Congressional Cemetery Washington, D. C. Burial 25h REGISTRAR S SIGNATURE 250 REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME (5) DATO CT 1967 6M 1/67 Joseph Gawler's Sons, Inc., Washington, D. C.



may be revolved to hospital or otherding physician. TO FUNERAL DIRE : After this certificate has been signed by the attending physician and campletety (illed in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon pages 1 and 2 shauld be filed with the State Board at Health prior to burial, cremation, or remayal, and in any event, within 72 hours, after death. after death. Page TINDING PHYSICIAN: The tow requires that the death certificate be executed within 24 hours TO HOSPITAL OR

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

14090

1. PLACE OF DEATH O VOUNTY (MILES COM DANK)	MARYLAND 2.	USUAL RESIDENCE (Where dec	eosed lived. If institution: / b. COUNTYZ	Residence before admission)
b CJTY OR TOWN (If outside corporate limits, write c	LENGTH OF STAY IN 16	c. CUTY OR TOWN (If outside	corporate limits, write RURA	AL and give nearest town)
RETRAL and give reares to (n)	20 VRS.	Silver x	Sprine	50
d. NAME OF HOSPITAL (If not in pospital give street addrors in Suttition		d STREET ADDRESS	oraia.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) WILLIAM HE	Middle -	Last 4. DA	ATH OCT	9 19 67
S SEX 6 COLOR OR RACE 7. MARRIED	THE VER MINISTER	7-12-191	- I want	UNDER 1 YEAR IF UNDER 24 HRS.
100 USJAL OCCUPATION (Give kind of work done 10b. KINI tring most of working its even if retired)	S. GOV'T	11. 8IRTHPLACE (Stole or fore PENNE	gn country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	EUNINTR	4. MOTHER'S MAIDEN NAME	care k	2011
IS WAS DECEASED EVER IN J. S. ARMED FORCES? 16. SOC	IIAL SECURITY NO DI INFO	RMANT C	Address	SAME!
A8. CAUSE OF DEATH [Enter only one couse pegling for	r (a) (b) and (c) 1	THEY LAND	EKNIE E	INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY:	man a line	D. Cana	in any at	ONSET AND DEATH
IMMEDIATE CAUSE (6) DUE TO	vecalize	10		0
Conditions, if ony, which) [b]	u to 1	Drive Rog	onic. C	preimma
gave rise to immediate cause (a), stating the under-				
lying couse lost. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CON 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DE	SEASE CONDITION GIVEN	IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO NO
	E HOW INJURY OCCURRED. (Enter nature of injury in Part I o	r Part II of item 1B)	
20c. TIME OF INJURY Month, Doy, Year 20d INJURY Month, p. m. 19 While of work	Not while foctor	OF INJURY (Home, form 20f , street, office bldg., etc.)	(City or town)	(County) (State)
21. 1 certify that (1) (this hospital) attended	100	th occurred of 5 3M, fi	10 AKT 9	, 19.6.7, that (I) (we) lost on the date stated above.
saw the deceased alive on Control 220 SIGNATURE	leah M.C	ATTENDING MED		Set 9 226 DATE
28. PHYSICIAN'S PARTY DEN R. B	EAP MID	22d ADDRESS Wheaton	mary	land
CI KEMOVAL (Spec. 17)	C. NAME OF CEMETERY OBS	ENAISEL 23d 1	ocat on Icity, town, or a Candles Youn	a la
Charles Spector & SIGNATURE CONTON 843	HADDRESSICIA HVEN	ney	EGISTRAR 256, REGISTR	
Total Adviction of the	- C 2 - 10	iryland DATE OCT	1 0 1967	r: Judge.

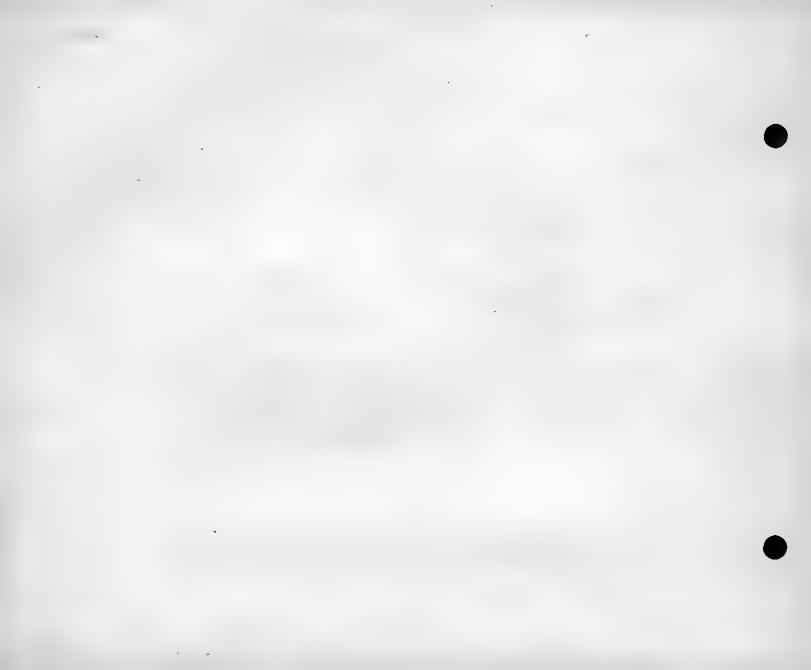




MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY o. STATE b. COUNTY Jon tomER W MARYLAND CTY OR KOWN (If autside disparate mits, write, RURAL and give nearest town) C LENGTH OF STAY IN 16 c (IY OR IOWN (If autside carparate limits, write RURAL and a ve nearest town) P. And d NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) d STREET ADORESS e IS RES DENCE ON A FARM? e certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 3 shauld be forwarded to the Chief Medical Examiner's Office along with form HERSON NO IX This certificate should be executed within 24 hours after death. NAME OF Middle 4 DATE Year DECEASED OF DEATH (Type or print) IF UNDER 1 YEAR S SEX 8 DATE OF BURTH AGE (In years last birthday) 6 COLOR OR RACE 7 MARRIED NEVER MARRIEO Manths WIDOWED DIVORCED event within 72 hours after death Too USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 12 CITIZEN OF WHAT (State or foreign country) during mast of working life, even if retired) COUNTRY? Jaw un 13 FATHER S NAMES IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ar yestingwn) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH MMEDIATE CAUSE (0) in racranial is orrhage, leftcerebral hemisphere, DUE TO (and t'ans, if any, which gave) (b) due to corebral arteriotclerosis rise to immediate cause (a), DUF TO stating the underlying couse be used PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPS) crematian, or removal, PERFORMED? the certificate, YES X NO 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of Item 18) CAUSE OF DEATH 20c TIME OF INJURY Manth, Day, Year 20e. PLACE OF INJURY (Home, form (City or town) (State) factory, street office bldg etc.) at wark at wark 21. I certify that I took charge of the remains described above, he dien Autopsy [2], Inspection X Inqu'ry and in thy opin on Notural couses . Accident Suicide . death resulted from: Homicide Undetermined monner funeral directar CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MED CAL EXAM NER SIGNATURE FUNERAL DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may to FUNER Health (Address (Street, city, town, or county) NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) 23a BURIAL CREMATION 23b. DATE THEREOF (County) (State) Silver Spring Mont. Gate of Heaven VR A15ME (\$)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14093 4088 CERTIFICATE OF DEATH nours after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) p. COUNTY o. STATE b COUNTY/ MARYLAND b CITY OR TOWN (1) autside corporate limits, c CITY 99 TOWN (If outside corparate, limits, write RURAL and give nearest town) CENGTH OF STAY IN 1b. d. NAME OF HOSP TALLOR INSTITUTION (If not in haspital, give street address) e IS RES DENCE ON A FARM? 6. STREET ADDRESS OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within-24 YES. NO NAME OF Middle 4. DATE pou lost Manth Day Year DECEASED OF (Type or pant) DEATH 10 S SEX IF'UNDER 1 YEAR 6 COLOR OR PACE MARRIED DATE OF BIRTH AGE (In years IF JINDER 24 HR NEVER MARRIED Jan birthday) Manths Days ond in any WIDOWED puo 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 1) BIRTHPLACE (County & State, or foreign country) during roos? of working life even if retired) INDUSTRY COUNTRY? 122011/1 13 FATHER'S NAM MOTHER'S MAIDEN NAME or removal, Address Spone as 2d 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT (Yes, na, ar unknown) (If yes give wor ar dates of service) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART 1 DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO signed | Conditions, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying couse os been s as the 1 prior to b Page 4 may be retained by the hospital or attending last. hos WAS AUTOPSY PERFORMED? PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) detoched for use e Dept. of Heolth NO TO FUNERAL DIRECTOR: After this certificate 20a ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c FIME OF INJURY Month, Day Year 20e PLACE OF INJURY (Hame, form, 20d IN. JRY OCCURRED (City or town) (County) (State) factory, street, affice bldg., etc.) Not While at wark 21 | certify that (1) (this haspital)_attended the deceased from. 1962, that (1) (Ma) plast 1965 to) cour 2, and that death accorred at 112M, fram causes and on the date stated above saw the deceased alive on 15 196 22a S GNATURE 226 DATE SIGNED ATTENDING director, page 3 should be filed v DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 230 BURIAL CREMATION 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Jown) (Stote) (County) FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATUR VR A15 (4) 25M 1/67 Ochemilas Jud



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved. if institution) Residence before admission) e. COUNTY b. COUNTY Montromery MARYLAND b. CITY OR TOWN (f outs de corporate imits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) District of Columbia Kancin ston d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 6.700 YES NO 3. NAME OF DATE Middle Month Year DECEASED OF (Type or print) edde DEATH 1967 5. SEX AGE (In yeers | IF UNDER 1 YEAR) IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Female Months WIDOWED IT DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. B RTHPLACE [County & State, or foreign country] 12, CITIZEN OF WHAT COUNTRY! dona during most of working life, even if retired U.S.A. Germany Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Maria ^Dutterling Willhelm Bierenfeld 15, WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16 SOCIAL SECURITY NO 17 INFORMANT Address [Yas, no, or unknwn] | [Ifyesgivewarordates of service] Mrs. Helen G. Trollo (dan the sa) shre item 18. CAUSE OF DEATH (Enter only one cause per type for (e), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) 1810 DUE TO Conditions, feny, which (b) geve rise to immediate cause DUE TO (a), stelling the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19. WAS AUTOPSY PERFORMED? NO N 20e. ACCIDENT WAS UNDERLYING ___ 20b. DESCR.BE HOW INJURY OCCURED, (Enter neture of intury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED. 20e. PLACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (Stete) fectory, street, office bldg., etc.) Not While While Hour a.m. et work et work , and that death occured at J M, from the causes and on the date stated above. saw the deceased alive on 220 SIGNATUR 225. DATE SIGNED ATTENDING PHYS. DIRECTOR MD Jeath. Page 4 22 PHYSICIAN'S ADDRESS NAME (Type) 23s. BURIAL, CREMATION, | 23b. DATE THEREOI 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (Stata) REMOYAL (Specify) Cometony Clarmont Flori 0 REC'D BY REGISTRAR 3255, REGISTRAR'S 24 FUNERAL DIRECTOR'S SIGNATUR **VR A15 (4)** Theeler - unaral Home 15M 9/60



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INTERVAL BETWEEN

ONSET AND DEATH

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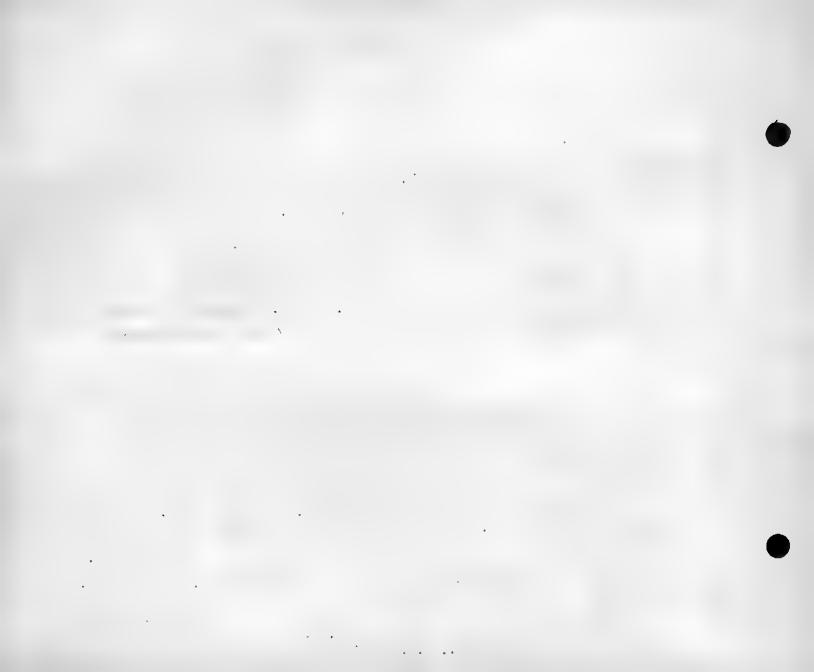
(County) 500 10-13-67 Flint. Michigan REMIDIAL POTE ALL 24 EUNERAL DIRECTOR **ADDRESS** Washington DC Danzansky & Sons



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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funeral s I and 2 ter-death.	PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission)
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75 a	Bethesda gyenegathym) 12 days	Merritt Island
10 4 E	d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d. STREET ADDRESS e S RESIDENCE
die die		ON A FARM?
E E	Naval Hospital	812 Hampton Way
with with	3 NAME OF First Middle DECEASED EV8 Y GOT	Last 4 DATE Month Day Year
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urte amp ve ve		DATE OF BIRTH 9. AGE (In years IF UNDER YEAR IF JNDER 24 HRS If JNDER 24 HR
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an an in c	10a. USUA. OCCJPATION (Give kind of wark dane during most of wark ng kie even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT COUNTRY?
te iian ind	during most of work ng kile even if retired) Housewife N/A	Fort Kent, Maine USA
fica ysic al, o	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ph ph nov	Fabien Pinette	Modeste Laferiere
the Terminal	IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO 17 IN	FORMAMerritt Island Address Florida
dea rmit ar	(1 c2* (id* o) quik-idavit) ((1 kc2 d) to ho) of odies d) 2 c(i (d)	Orin K. Goulding, 812 Hampton Way
that the death certificate be executed within 24 haurs after ian by the attending physician and campletely filled-in by the fitansit permit. Then please remave carban papers. Pages cremation, ar removal, and in any event, within 24 haurs after the please remains and the please remains and the please contains and the please cremation, are moved.	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	INTERVAL BETWEEN
at t	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Congenital Heart Di	sease (Atrial Septal Defect) ONSET AND DEATH
tra type a	12 7'2 DUE TO	
equires physicic signed burial-ti burial-ti	Canditions, if any, which gave) (b)	ļ,
equ phy sig bur bur	rise to immediate cause (a), (DUE TO	
ing ing en en the	stating the underlying cause CC CC	
ICIAN: The law requires that the death certificate be executed within 24 haurs after death pital ar attending physician rificate has been signed by the attending physician and campletely filled-in by the funeral of far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 of Health priar ta burial, crematian, ar removal, and in any event, within the prior of feelth prior to burial.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY
r att	200 ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (E	PERFORMED?
vsician: aspital ar certificate hed far u	20b. DESCRIBE HOW INJURY OCCURRED. (E	inter nature of injury in Port F or Port II of Item 18.)
haspital certific ched fa pt. of H	OR CONTRIBUTING CAUSE OF DEATH	The residue of reply to your territory that they have they
		OF INJURY (Hame, farm, 20f (City or town) (County) (State)
~ = 0	□ Hour a.m. While - Not While - factor	ry, street, office bidg , etc)
ATTENDING stained by the CTOR: After shauld be d	p m ii al wark 🗀 al wark 🗀	Cont 22 1067 . Oct 5 1067
	21. I certify that (f) (this haspital) attended the deceased fram	Sept. 23 , 1967 , ta_Oct. 5 , 1967 , that \$0 (we) los death accurred at 200P M, from causes and an the date stated above
A Page Harth	220 SIGNATURE	22b DATE SIGNED
AI OR ATTEND ay be retained in IL DIRECTOR: All page 3 should it filed with the S	Penns Wh- Day MO	ATTENDING - MED - STAFE -
be r be r DIRE ge 3	An appreciations	PHYS DIRECTOR PHYS Lx Oct. 6, 1967
SPITAL 4 may NERAL Itar, pag	NAME (Type) Petry At -Tye, MD	Naval Hospital, Bethesda, Md.
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: directar, page 3 shauld shauld be filed with the	230 BJRIA., CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CI	
O HO Page O FUN direct shaul	BELLY (Pecify) 10-10-67 Arlington Nati	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
5- 5- v	10-10-01	C. 25g RECID BY REGISTRAR 25b REGISTRAR S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14097 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY ntgomery MARYLAND outside carparate limits, write RURAL and give negrest town c. LENGTH OF STAY IN 16 write RURAL and give negrest town? CKErSON OR INSTITUT ON (If nat in haspital, give street address) d. STREET ADDRESS ON A FARM signed by the attending physician ond completely filled buriol-transit permit. Then pleose remove carbon pape YES NO 52 DATE 3. NAME OF Middle Day Year First Month DECEASED OF DEATH 196 8 7 (Type or print) 9. AGE (n years IF UNDER I YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED DATE OF BIRTH NEVER MARRIED b rthday) Haurs WIDOWED DIVORCED 1Do USUA, OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHP ACE (County & State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME WAS DICEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na. ar unknown). (If yes give war or dotes af service) 18 CAUSE OF DEATH (Enter amy one cause per line for (a), (b), and (c)) PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Canditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse by the hospitol or offending TO FUNIRAL DIRECTOR: After this certificate has been os the 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use YES NO K 20o ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, farm, (City or town) (County) (State) 2Dd INJURY OCCURRED 20c, TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Not While at work 21. I certify that (1) (this haspital) attended the deceased from , 1967, ta OG 28 1967, that (1) (we) last 1967, and that death accurred at B saw the deceased alive an 27 Oct _M, fram causes and an the date stated above. 22b DATE SIGNED 22a. SIGNATURE DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, should by 23b DATE THEREOF 23d. LOCATION (City or Town) (County) (State) 23g BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY, melery REC D BY REGISTRAR VR A15



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 4093 14098 The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND ON 190M C LENGTH OF STAY IN 16 b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town). outside carparate limits, write RURAL and give negress tawn) CABIN DIFN d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENC ON A FARM YES NO DATE NAME OF Middle Year Lost Month Dov DECEASED DEATH 19 Type or print S SEX YFAR IF LINDER 24 MRS 6 COLOR OR RACE (In years 7 MARRIED NEVER MARRIED birthdoy) Months Days Haurs DIVORCED WIDOWED 100 TISUA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CIT ZEN OF WHAT please during most of working life, even if retired INDICSTRY COUNTRY 14. MOTHER'S MAIDEN NAME attending p INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), burial-transit ONSET AND DEATE PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by 4000 DUE TO Canditians, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been the 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) USe CERTIFICATION NO YES T ğ 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a, ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. Nat While factory, street, affice bldg., etc.) at work 21. I certify that (I) (this hospital) attended the deceased fram items. 1963 to 19 67, that (1) (we) last UCV saw the deceased alive an. 19 67, and that death accurred at 10 A M, fram causes and an the date stated above directar, page 3 sha should be filed with 220. SIGNARDRE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR 22c PHYSICIAN'S NAME (Type) 22d ADDRESS Page 4 may 23b DATE THEREOI 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a BURIAL, CREMATION, (County) (State) REMOVAL (Specify) FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



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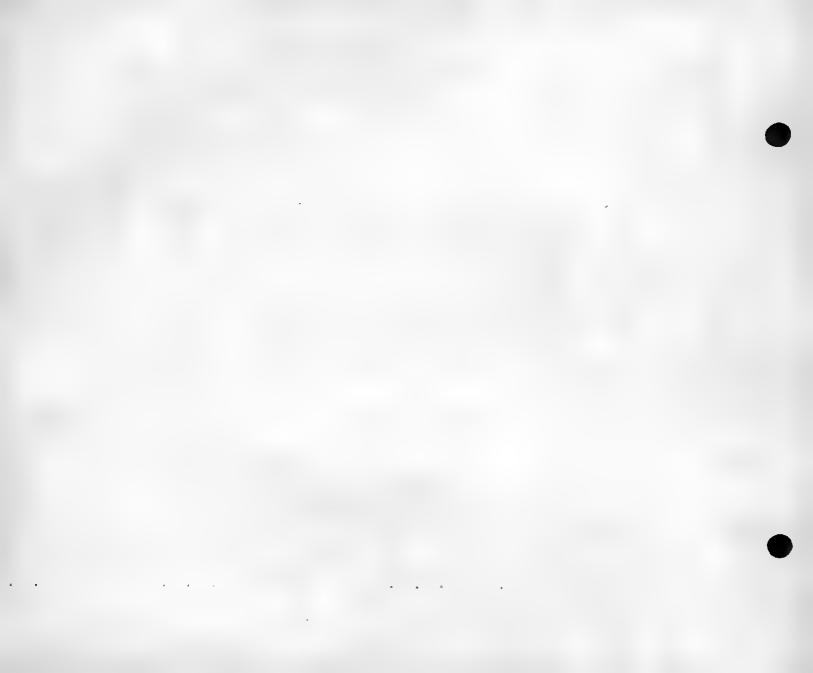
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200 ACC DENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER

20c. TIME OF NURY Month, Doy, Year

Hour o.m

22a, SIGNATURE

23o. BURIAL CREMATION.

20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of Item 1B.)

20d INJURY OCCURRED of work 20e. PLACE OF INJURY (Home, form factory, street, office bldg etc.)

(County)

22b. DATE SIGNED

21. I certify that (t) (this hospital) attended the deceased from 28 September 67, to 13 October 19 67, that (1x (we) loss saw the deceased alive an 13 October 19 67, and that death accurred at 6:55 M, from causes and an the date stated above.

(Stote)

(Stote)

22c PHYSICIAN'S Charles M. Haskell, MD NAME (Type)

23b. DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY

13 October 1967 PHYS. 22d ADDRESSThe Clinical Center, National Institutes of Health, Bethesda, Md. 20014 23d. LOCATION (City or Town) (County)

VR A15 (4) 25M 1/67

be retained

REMOVAL(Specify)
Burial 10-16-67 mary Rose 'ene' r, 24 FUNERAL DIRECTOR PUMPIL TI, Betnesca, naryland

2Sb REGISTRAR'S SIGNATURE 25o. REC D BY REGISTRAR Minuter Judge. DATE 11 CT

Lun la ton

(City or fown)



MARYLAND STATE DEPARTMENT OF HEALTH ~ 45.93 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14103 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH
d. COUNTY Montgomery USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a STATE Maryland b COUNTY Anne Arunde b COUNTY Anne Arundel 2, and 3 to PM3. Poge MARYLAND any delay b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Bethesda c LENGTH OF STAY IN 16 Deportmen c CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) Edgewater DOA d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS farwarded to the Chief Medical Exominer's Office olong-with-form Give Pages 1, ON A FARM? Rt #1, Box 208 Suburban YES NO X This certificate should be executed within 24 hours ofter death NAME OF Middle DATE First Lost Month Year DECEASED X Harlow October Francis (Type or post) DEATH F JNDER 24 HRS IF UNDER 1 YEAR S SEX 6 COLOR OR RACE DATE OF B RTH 9. AGE (In years 7. MARRIED NEVER MARRIED las Brithdoy) Months Dovs Hours pencil in Item 18. burial-tronsit permit. File pages lond 2 will Male White 5/13/47 n ony event within 72 hours after death. WIDOWED DIVORCED 100 USUAL OCCUPATION (G ve kind of work done during most of working life seven if retired) 12 CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17. INFORMANT 16. SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or dotes of service THE CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).

PART I DEATH WAS CAUSED BY INTERVAL, BETWEEN S"ONSULAND DEATH lectrocution IMMEDIATE CAUSE (o) writing the word DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse Ö and 19 WAS AUTOPSY
PERFORMED?
YES NO or removol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (o) þe CERTIFICAT Page 4 should be 200 EXTERNAL CAUSE WAS PRIMARY OF CONTR BUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter notuse of injury in Port 1 or Port II of stem 18" 3 should e Liza-Wiro- That sk files. cremotion, MEDICAL 20d INJURY OCCURRED 20e PLACE OF IN. JRY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year While of work of work Power States R Gaithersburg- Mont. may be retained for your FUNERAL DIRECTOR: Page 1YICH. 21. I certify that I taak charge of the remains described above, held on Autopsy . Inspection X, Inquiry XI, and in my apinian prior to buriol, Accident X Surcide . Undetermined manner death resurted from. Natural couses Hamicide the funeral director CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heo Ith Address (Street, city, town, or county) NAME (Type) 230 BURIAL, CREMATION: DATE THEREOF (County) 0 REMOVAL (Specify) FUNERAL BIRECTOR 25b REGISTRAR S S GNATUR VR A15ME (5) 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14702 4099 **CERTIFICATE OF DEATH** Reg. Dist. No. filed with director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY hontgomery MARYLAND Marvland Achtsomerv unerof b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 펄 Chevy Chase Chevy Chase Years d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION d. STREET ADDRESS p. IS RESIDENCE ON A FARM? 7209 7209 Chestnut Chestnut Street YES NO 19 NAME OF ō First Middle 4. DATE Month Year completely filled DECEASED OF DEATH FRANK HASTINGS HARRISON (Type or print) October 10 5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS White Male WIDOWED | DIVORCED | Sept. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Retired London. England U.S. Estate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Phoebe Keg John Harrison IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Same as Item 2. 578-09**-251**4 Tarriet 18. CAUSE OF DEATH [Enter only one couse per tine for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)_ DUE TO Conditions, if any, which) gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. PERFORMED? YES NO 12 20g. ACCIDENT WAS UNDERLYING A OR CONTRIBUTING A CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Year 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour e. m. Not while ot work at work p. m. 21. I cortify that I attended the deceased from 19 6 7, that I last saw the deceased and that death accurred at 644 A.M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) 226. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) aBod REMOVAL (Specify) Cemeterv 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Betherda, kiryland





1 .	DIVISION				RTMENT OF HEAL' N STREET, BALTIMOR		201		
1419)1				OF DEATH			14100	S
1. PLACE OF DEAT o. COUNTY	н lontgomery		MARYLA	ND	2 USUAL RESIDENCE (Who o. STATE West		stitut on Reside	nce before od	imission) /
write RURAL	N (If outside corporate limit and give nearest town) Sethesda	5,	LENGTH OF STAY IN 5 days	16	c CITY OR TOWN (If outsi	de corporote limits, wri	te RURAL and gr	ve neorest to	wn)
d. NAME OF HOS	PITAL OR INSTITUTION (If no		ve street oddress)		d STREET ADDRESS			e S O	RESIDENCE N A FARM?
3 NAME OF	ical Center.	, Bether	Mary La	nd [(None)	4 DATE	Month	Doy	Year
DECEASED (Type or print)	Jan		Richard		Hash		ober	28	1967
s sex Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	KY71	. DATE OF BIRTH Jan. 22, 1969	9 AGE (In ye lost birthd	ors IF UNDER Dy) Months		UNDER 24 HRS. lours Min.
	10N (Give kind of work done ng life, even if retired)	106 KIN	D OF BUSINESS OR		11. BIRTHPLACE (County & S	state, or foreign country)		T ZEN OF WE	HAT
Chill 13. FATHER'S NAM	d		None		West Vi:			U	SA
James	A. Hash	11/ 6	OCIAL SECURITY NO	1 17 16	Phyllis	Payne	Addesse		
(Yes, no, or unknow	EVER IN U.S. ARMED FORCES? n) (If yes give wor or dotes or	of service)	None		FORMANT The Mede Clinical Co			Marvla	nd
18 CAUSE OF	DEATH (Enter only one con		o), (b), ond (c).)					INTERV	AL BETWEEN AND DEATH YS
0.5	IMMEDIATE CAUSE DUE		lomonas ser	TICE	emla em		•	16 da	ys
rise to immed	late couse (o), (ott-Aldrich	sy	ndrome		<u> </u>	2½ y	ears
stoting the un	derlying couse	(c)							
PART It, OTHER	SIGNIFICANT CONDITIONS O	ONTRIBUTING TO	DEATH BUT NOT RELAT	ED TO T	HE TERMINAL DISEASE COND	ITION GIVEN IN PART I	(0)	19. WA PER YES [S AUTOPSY REORMED? NO
200 ACCIDENT OR CONTRIBUT (IF EITHER, NOT 200 TIME OF Hour	WAS UNDERLYING NG CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b DES	CRIBE HOW INJURY OCC	JRRED (Enter noture of injury in Po	rt I or Part II of item 1	8)		
20c TIME OF Hour	N.JRY Month, Doy, Year o.m. p.m. 19	20d IN While of work	Not White		E OF INJURY (Home, form ey, street, office bldg , etc.)	20f (City or for	vn) (C	ounty)	(Stote)
21 l ce	rtify that DO (this has	pital) attend	ed the deceased fr	om	Oct. 23,,19	67 to Oct.	28 , 19	<u>67</u> , that	(A) (we) la:
saw the	deceased alive an_	Oct. 2	819 <u>67</u> , an	d that		. M .		the date s	tated abave
	El 140-212E	ill_		M.D	. PHYS LL DI	IRECTOR L PHYS	☑ Oct	. 28,	1967
NOUT STOTING THE UTILIST. PART II. OTHER 200 ACCIDENT OR CONTRIBUT (IF EITHER, NOT 200 TIME OF Hour 21 I ce SGW the 220. SIGNATU 22c PHYSICIA NAME (T		M. Hask	ell, M.D.		Institutes	Clinical of Health	Center, Bethe	Natio Sda, N	nal Id.
230 BURIA TREM REMOVAL (Spe	ATION, 236 DATE TH	FREOF C-G7	23c NAME OF CEMETE	RY OR C	REMATORY	23d LOCATION (CT)	or Jown)	(County)	(State)
24 FUNERAL DIRE	110-0	10-67	ADDRESS		2So. REC'D I	BY REGISTRAR 21	Sb REGISTRAR S	SIGNATURE	100
nos	un 389	BL	· Cue no	V /1	john COPCT	9 T 1901	House	CON YM	7



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14102 14102 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY MARYLAND offer MONTGOMERY MARYLAND b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits write RURAs and give negrest town) write RURAL and give negrest town requires that the death certificate be executed within 24 hours hours TAKOMA PACK d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? d STREET ADDRESS CARROLL WASHINGTON SANITARIUM & HOSPITAL NO NAME OF 4 DATE Lost Doy Yeor DECEASED (Type or print) 0F 10 HAUGHN DOROTHEA 196 and in any event, DEATH 9. AGE (In years lost birthdoy) S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED remove Dovs Hours Femnle WHITE WIDOWED DIVORCED and 100 USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) physician a INDUSTRY COUNTRY? CANADA AW FIRM 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME crematian, ar remaval, HAUGHN CONKAD REIGHTON DRED WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16 SOCIAL SECURITY NO. (If yes give wor or dates of service) CHART CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) INTERVAL DETWEET signed by the burial-transit j burial, cremati PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which gove rise to immediate couse (a). DUE TO stoting the underlying couse last. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? NO 20o ACCIDENT WAS JINDERLYING [7] 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of impury in Part 1 or Part 11 of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF IN, JRY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) Not While of work 21. I certify that #1 (this haspital) attended the deceased fram O HOSPITAL OR ATTEND Page 4 may be retained M, from couses and on the date stated above. O FUNERAL DIRECTOR: saw the deceased alive an and that geath occurred at 220 SIGNATURE 226. DATE SIGNED ATTENDING PHYS. DIRECTOR r, page 3 be filed v M.D ADDRESS 22c PHYSICIAN'S NAME (TYPE FOLLO AV Anenne. 7030 directar, shauld 23o. BURIA, CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) Parklown Cometony 1967 cockwille Minutene Hora 34 ADDRESS TIC OR FUNERAL-DIRECTOR 2So REC'D BY REGISTRAR DATE





/ 1	1 tems 1 -21 Film 394 MARYLAND STATE DEPARTMENT OF HEALTH 10-27-67 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201					
FOR STATE	14104 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	99				
xecuted within 24 haurs after death. If any delay is and a solution in pencil in Item 18. Give Pages 1, 2, and 3 to Medical Examiner's Office along with farm PM3. Page permit. Fle pages 1 and 2 with the State Department of the within 72 haurs after death.	C CITY OR TOWN (If outside corporate initis, write RURAL and give new w	e IS RES DENCE ON A FARM? YES NO D Doy Year 9 1967 AR FUNDER 24 HR ys Hours Min				
ficate should be executed wring the ward "pending" in pe ded ta the Chief Medica! Exa as a burial-transit permit. F le ond in any event within 72 ha	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) NO IVERE Unknown HOSP Record 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))	INTERVAL BETWEEN ONSET AND DEATH				
necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1 the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with fant 5 may be retained far your files. The funeral DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State of Fluer to burial, cremation, ar removal, and in any event within 72 hours after death.	20b OESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port or Port I of Item 18) PRIMARY Mor CONTRIBUTING DECEMBLY Was as in or in auto in en driver CAUSE OF DEATH. 20c T ME OF INJURY Month, Doy Year Hour o.m. 11:50 pmx 10/18 1967 Of Work Decembly of work of work Street Street Adel; hi Fr. Geo.	()				
TO DEPUTY necessary, the funeral 5 may be 50 may be 100 may be 10	EXAMINER'S NAME (Type) BELDEN LEAD M. D. RELITED BELLY AMPLICAL EXAMINER DE NAME (Type) BELDEN LEAD M. D. RELITED BELLO COUNTY) 230 BURTAL, CREMATION, C130 DATE THEREOF 230 NAME OF AMPLIER OR CREMATORY 23d LOCATION (City or Town), (Country of Country) Cremation Oct 20 1961 Fort Lincoln Crematory Bladens burge 24 FUNERAL DIRECTOR 250 REGISTRAR 250 REGISTRAR 3516MA W. Chambers Co 8655 Ga Ave Silver Spring New Oate OCT 23 1987 Octubrile	Mol:				



filled in by the funeral

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14105

CERTIFICATE OF DEATH

14110

- 1		F	4 -6 0				
1	PLACE OF DEATH O. COUNTY MAILTONERV	2. USUAL RESIDENCE (Where deceosed lived, if institution Residence of STATE b. COUNTY b. COUNTY	e before odmission)				
} -	b CITY OR TOWN (If outs de arporate limits, LENGTH OF STAY IN ID	C (ITY OR TOWN, (If ourside, corporate limits, write RURAL and give	pagrant town)				
-	Twite RURAL and give negest town	A Vattesville	nediest town)				
1	d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e IS RESIDENCE ON A FARM?				
	Vashington Sanitarium & Hospital	8/35 15 Mave APC, 20:	YES NO Z				
3	NAME OF DECEASED (Type or print) Ethel Maud H	19919S DEATH October	2 1967				
5 7	SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED DIVORCED DIVORCED	October 19/892 9. AGE (In years IF UNDER) October 19/892 9. AGE (In years IF UNDER) Months Months	Doys Hours Min.				
	o JSUAL OCCUPATION (Give kind of work done INDUSTRY INDUSTRY INDUSTRY		IZEN OF WHAT JINTRY? 4.S.A.				
13	William Head	Thirza Biddlescomb)				
15	(If yes give wor or dotes of service) 376 - 30 - 9944	informaly pospital Records 7600 Car	rvoll Ave.				
1	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH				
	IMMEDIATE CAUSE (a) URemia DUE TO						
	(Conditions, if any which gove) the Metastatic	Conditions, if only which gove) the Metastatic CA of Count					
	rise to immediate cause (o), stoting the underlying cause	3					
	Dest. Other significant conditions contributing to death but not related to	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	19 WAS AUTOPSY PERFORMED?				
ATION							
CERTIFICATION	I LIF CHITICK, NOTIFE INCOLOR CAMMUNICKI	(Enter noture of injury in Port I or Port II of item 18.)					
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 20d INJURY OCCURRED While Not While of work of work	ACE OF INJURY (Home, form, 20f (City or town) (Counterly, street, office bldg., etc.)	nty) (Stote)				
	21 I certify that (I) (this hospital) attended the deceased from 9-23-57, 19, ta 10-2, 19-67, that (I) (we) last saw the deceased alive an 10-1 19-67 and that death accurred at 2: AM, from causes and an the date stated above						
	220. SIGNATURE Cus here	D. PHYS DIRECTOR PHYS 70-	TE SIGNED - 2 - 6 7				
	22c. PHYSICIAN'S NAME (Type)	11161 New Hampshire	AVR.				
23	BO BURIAL (REMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR		(County) (Stote)				
	CTempation 2 Oct. 67 Lee Cremat	tory Washington, DC	GNATURE				
	DC 20012 Rinaldi Funeral Home 7400 Georgia Av	ADD 1771	las Judge				
	at making man at the control of the	The state of the s	// //				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cambletely filted in by 1 director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pa shauld be filed with the State Dept af Health priar to burial, crematian, or removal, and in any event, within 72 haurs Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14112 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE **b.** COUNTY Montaemery MARYLAND by the f Pages b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 CITY OR TOWN (If outside corpurate limits, write RURAL and give nearest town) Washington Wheaton mos. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCI ON A FARM? University Nursino Home YES NO X A Buchanan Street. 3 NAME OF First Middle Lost 4. DATE carban Day campletely DECEASED OF (Type or print) Howell-Hil Susanna DMD DEATH S SEX 6 COLOR OR RACE 7. MARRIED DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED remove. lost birthday) Months Dovs Hours WIDOWED X DIVORCED /22/1882 85 **Female** Caus. signed by the attending physician and burial-transit permit. Then please rem 10o USUA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) **NDUSTRY** COUNTRY? Home Housewife <u> Jefferson County. W. Va</u> HSA 13 FATHER S NAME 14 MOTHER S MAIDEN NAME removal. Joseph Robert Howell Jeanne Susan Miller Address Takoma Pk., Md IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, Bo, or unknown) If If yes give wor or dotes of service 6 Edna O. Waugh-daug. 7309 Wildwood Dr. 578-48-5734 No crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) attending physician. DUE TO Conditions, if ony, which gove ase to immediate cause (a). DUE TO stoting the underlying couse as the priar to this certificate has been last. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN CERTIFICATION Health I NO F hospital ar Ē 20o. ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED Enter nature of injury in Port I or Port II of OR CONTRIBUTING CIT CALISE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. BCACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year (Stote) Hour o.m. factory, street, office bldg. etc.) While Not While of work of work TO FUNERAL DIRECTOR: After þe 21. I certify that (I) (this hospital) attended the deceased from. 19 be retoined should 19 67, and that death occurred at 925 PM, from causes and on the date stated above. sow the deceased glive on A-220 SIGNATURE 22h, DATE SIGNED ATTENDING STAFF M.D. , page 3 be filed PHYS DIRECTOR PHYS. 22d. **ADDRESS** 22c. PHYSICIAN'S NAME (Type) director, should by BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Burial 10-18-1967 Fort Lincoln Cem Colmar Manor. Marvl 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4)(20 M 1/66 4th St.NE. Wash. Lee Fun. Home 300 D.C.

F

VR A15 (4) 20M 1/65 Bethesda. Maryland

REGISTRAR'S SIGNATURE

ON A FARM?

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY

NO Z

(State)

(State)

PERFORMED?

YES

12. CITIZEN OF WHAT

19.

DATE SIGNED

(County)

22b.

YES

COUNTRY?



Carried Control	Items 19,21 Film 393 MARYLAND STATE DEPARTMENT OF HEALTH 10-25-67 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	14109 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14114
es 1, 2, and 3 to the property and 1 to the property and 2 to the	1 PLACE OF DEATH O. COUNTY MARYLAND B CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TAKOMA d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ASSUMATE RURAL RESIDENCE (Where deceased I ved, if nst tution Residence before admission) TAKOMA PARK O. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) TAKOMA PARK O. STREET ADDRESS O. A FARM? YES \(\text{NO MA FARM?} \) NO X
tage of the state	3 NAME OF First Middle Lost 4 DATE Month Day Year
offer de 8. Give I alang w with the	(Type or pnnt) CARROLL ARCHIE HODGES DEATH 10 - 10 19 67 S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (17 years IFUNDER 1 YEAR FUNDER 24 HRS
rs af 18 e ala 2 wil	MALE WHITE WIDOWED D VORCED 6-4-17 50 yrs Months Doys Hours Min.
ed within 24 hours of in pentil in Item 18 in Examiner's Office of File pages Iond 2 w 72 hours offer deoth	100 JSUAL OCCUPATION (Give kind of work done during most of working lile, even if retired) 10 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
n 24 Il in ner's iges	during most of working life, even if retired) 1NDUSTRY 2 S Jour 1 NORFOLK, MRG INNA 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME
I within n pencil Examine File pagi	JOHN HODGES ADELIA WHITEHURST
executed v anding" in Medical Ex t perm't. Fil w thin 72 t	IS WAS DECEASED EVER IN U.S. ARMED FORCES? [Yes, no, or unknown] (If yes give wor or dates of service) 16 SOC AL SECURITY NO 17 INFORMANT [Yes, no, or unknown] (If yes give wor or dates of service)
This certificate should be executed cote, writing the word "pending" in be forwarded to the Chief Medical be used as bunol-transit permit.	TES ST 32 - 00 Must Mary full and full full forms on yone couse per line for (a), (b) and (c)
This certificate, writibe forwork be used the used the company of	PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ILO) 19 WAS AUTOPSY PERFORMED? YES NOT
분드 교 .	200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port Lar Part II of item 1B) PRIMARY Or CONTRIBUTING OF CAUSE OF DEATH
₹ 1 4 ± 9 0	20c TIME OF N.JRY Month, Doy, Yeor Hour o.m. p.m. 19 20d INJURY OCCURRED While of work of w
MEDICAL EXA please execute director. Page retained for you DIRECTOR: Page in to burial, crem	21 1 certify that I taak charge of the remains described above, held an Autapsy , Inspection Inquiry , and in my apinic death resulted from: Natural causes X. Academ , Suicide , Hamicide , Undetermined manner .
PTY.	ACTUAL SIGNATURE OF ONE ASSISTANT MED CA. EXAMINER (1) 22. DATE SIGNER EXAMINER'S NAME (Type) BELDEN EAD OF OUT OF 10, 1967
TO DEPU necessa the fun 5 may TO FUNEI Health	236 BURIA, EREMATION, REMOVAL (Specify) 236 NAME OF CEMETRY OR CREMATORY, 23d OCATION (City or Town) (County) (Stote)
VR A15ME (5) 6M 1/67	24. FUNERAL DIRECTOR 21- 7 Thursterward ADDRESS 5799 Ba 250 RECD BY REGISTRAR 256 REGISTRARS SIGNATURE SCAFFER OF COMPANY OF CALL DATOCT 16 1967 Livery June 1969



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14110 CERTIFICATE OF DEATH 24-hours ofter death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY a. STATE MONTGOMERY MONTGOMEN MARYLAND b. CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 SIVER SPRINGS WHEATON. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) CROSS HOSPITAL and in any event, within NO IX The law requires that the deoth certificate be executed within 3 NAME OF remove carbon Day Year DECEASED OF DEATH TZAPPLE OCTOBER SEORGE (Type or print) S SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** AGE (In years last birthday) Months Haurs WIDOWED and 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if jetired) Redurant COUNTRY Hork County Pa 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME buriol, cremotion, or removal, attending phys George A Holtzapple 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, na, ar unknown) (If yes give wor or dotes of service) Ethel Newson 1722 Franwall Ave Thector Md 107-03-3802 18. CAUSE OF DEATH (Enter only one cause per lyes for (a), (b), and (c)), INTERVAL BETWEEN ONSET AND DEATH signed by the burial-transit p PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that Page 4 may be retained by the hospital or ottending physician. Conditions, if any, which gave rise to immediate cause (a), **DUE TO** stating the underlying couse as the State Dept. of Health prior to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 200 ACC DENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) ((aunty) (State) Hour a.m. factory, street, affice bldg., etc.) Not While TO FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) attended the deceased fram. director, page 3 should should be filed with the 1967, and that deoth accurred at 1/30 M, from causes and on the date stated above saw the deceased alive an 1 22a SIGNATUR 226 DATE SIGNED DIRECTOR PHYSICIAN'S 23C NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION. 23b DATE THEREOF 23d LOCATION IC by or Town REMOVAL (Specify) Pennsulvania Lewisbura Cemetery 250 RECD BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 8434 Ga Ave Sil Sna Md

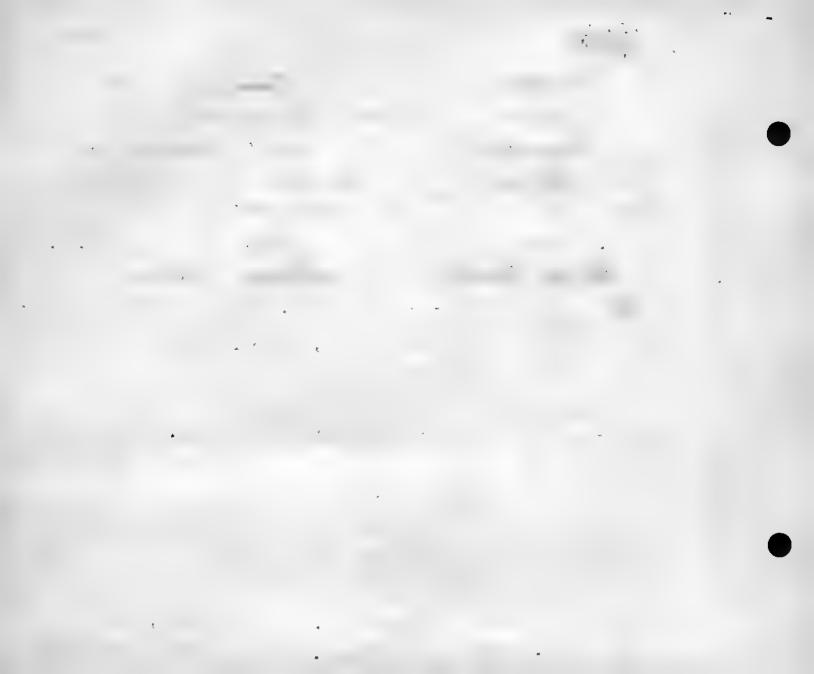


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16111 CERTIFICATE OF DEATH 14116 hours after death 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before jadmission 1. PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND c LENGTH OF STAY IN 16 b. CITY OR TOWN (1f outside corporate limits. c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) gurs (write RURAL and give nearest town BUND 8 mo PREDERICA S RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) papers 2101 FAIRLAIN NO X 3. NAME OF Middle 4. DATE Month Lost Doy Year remove carba DECEASED OF complete (Type or print) DEATH and in any event, PHYSICIAN: The law requires that the death certificate be executed 9. AGE (in years **F UNDER 1 YEAR** 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthday) Months Drivs WIDOWED DIVORCED S O yrs. 12 C TIZEN OF WHAT 10b. KIND OF BUSINESS OR USE AL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & Stote or foreign country) during, most of working life, even (fretired) COUNTRY? INDUSTRY DELAWIARE Houselli 13 FATHER S NAME ar remaval, MARY THOMAS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT 4500 Elmwood Rd. (Yes, no, or unknown) (If yes give wor or dotes of service Homer Hepkins. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a): (b), one (c). signed by the burial-transit p ONSET AND DEATH PART I, DEATH WAS CAUSED BY Lan IMMEDIATE CAUSE (o) be retained by the haspital or attending physician. DUE TO burial, Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse this certificate has been be detached for use as the State Dept. af Health prior to (c) WAS AUTOPS' PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PERFORMED? CERTIFICATION NO F 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item IB.) 20o, ACCIDENT WAS UNDERLYING [3] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) factory, street, office bldg., etc.) Hour o.m. Not While ot work 2]. I certify that (I) (this hospital) attended the deceased from SMT2-8 195 1967 that (1) (we) las director, page 3 shauld shauld be filed with the saw the deceased alive on Oct 13 and that death occurred at 8130 M. from causes and on the date stated abave 220 SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. DIRECTOR BERT S. MICCENEY, M. D. 22d. ADDRESS PHYSICIAN'S TO HOSPITAL TO FUNERAL 402 MAIN ST. NAME (Type) LAUREL, MARYLAND 20810 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL CREMATION (County) 23h DATE THEREOF (State) REMOVAL (Specify) 10. Rraderica Kent ISTRAR 256 REGISTRAR'S SIGNATUR FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Milantes

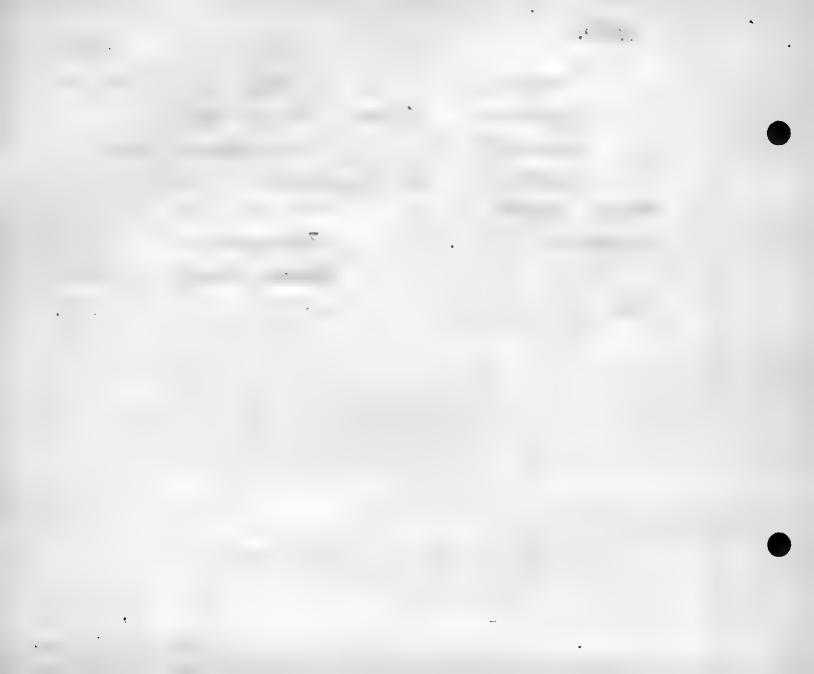


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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14119 14113 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter deoth funeral 1 ond PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. STATE MARYLAND urs offer by th. Poges c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) b CITY OR TOWN (If outside co-porete limits r LENGTH OF STAY IN 16 write RURAL one give negres popers Hirryz h d STREET ADDRESS INSTITUTION (If not in hospital, give street address) e IS RES DENC ON A FARM? NO IX NAME OF Middle Po. First DATE Month Doy Year DECEASED (Type or print) DEATH event. S. SEX COLOR OR RACE 7 MARRIED DATE OF AGE (In years **NEVER MARRIED** Clost birthdoy) Months Hours Dovs ond in ony WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR (ACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, everyl retired) COUNTRY ? Retired Govt. Employee 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremation, ar removal, 1S WAS DTCFASED EVER IS O S ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) AS. SOCIAL SECURITY NO 17. INFORMANT Wife Address Same as Item 2. Ida C. Hurley 287-10-3342A INTERVAL BETWEEN signed by the c buriol-tronsit p 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) _ Brenchepneumenie , bilateral Page 4 may be retained by the hospital or attending physician. 5 days DUE TO Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stoting the underlying cause hos been pe detached for use as the State Dept. of Health prior to last. 19 WAS AUTOPSY PERFORMED? PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES 🛣 NO this certificate inquinal hernia with imparc 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (Stote) (County) Hour o.m factory, street, office bldg, etc.) While Not While TO FUNERAL DIRECTOR: After ot work of work 2). I certify that (1) (this haspital) attended the deceased fram 10 2, to. director, page 3 should should be filed with the saw the deceased alive an 7. 19.6.7 and that death accurred at 12.32 m, from Jauses and an the date stated above. 220 SIGNAPURE 22b. DATE S GNED MED DIRECTOR ATTENDING PHYS STAFF PHYS M.D. 22d ADDRESS 22c PHYSICIAN'S NAME (Type)/ 23d LOCATION (City or Town) DATE THEREOF 230 BUR AL, CREMATION, (County) (State) REMOVAL (Specify) Xenia, Ohio
TRAR | 256 REGISTRAR'S SIGNATURE Woodland Cem. 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 1967 Robert A. Pumphrey DANOV Bethesda, Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH ofter deoth PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o COUNTY o. STATE b. COUNTY MARYLAND C LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate c CITY OR TOWN lift outside corporate brists, write RURAL and give peacest town write RURAL on e IS RES DENCE MSTITUTION (If not in haspital, give street address) d. STREET ADDRESS ON A FARM? 000 Hospital YES NO F OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within NAME OF Middle DATE Dov Year DECEASED OF DEATH IF UNDER 1 YEAR 5 SEX AGE (In years 7. MARRIED NEVER MARRIED lost birthdovi Months Dovs WIDOWED DIVORCED ond in any puo 100 USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during may of working life, even if retired) INDUSTRY OVE COUNTRY? eteris 13. FATHER'S NAME MOTHER'S MATERIN NAME william Bigelow In ersol 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Ladow Larn (Yes, an or unknown) (If yes give wor or dotes of service) 5 S. belt Chevy Chase buriol, cremation, INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY: buriol-tronsit ONSET AND DEATH IMMEDIATE CAUSE (6) Lyocardial infarction, recent and re. ote signed by DUE TO Conditions, if ony, which gove (b) coronary arterios lerosis with occlusion rise to immediate couse (o), DUE TO stoting the underlying couse hos been last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) WAS AUTOPS)
PERFORMED? YES DC NO F 200 ACCIDENT WAS LINDERLYING [20b, DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 1 of Hem 18) OR CONTRIBUTING, CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form 20c TIME OF INJURY Month, Doy, Year (City or town) (County) (State) Hour am foctory, street, office blag, etc.) to ar 1967, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased from 1967, and that death accurred at 1/2-A M, from causes and on the date stated above TO FUNERAL DIRECTOR: saw the deceased alive an Do 22o, SIGNATURE 22b. DATE SIGNED director, page 3 should be fried v M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) 23d OCATION (City or Town) 23b. DATE THEREOF (County) 230 BURIAL, CREMATION, REMOVAL (Specify) Springfield. Maryland Perkins Chapel Cem. 10-14-67 24 FUNERAL DIRECTOR 2So REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE FIR PHREY, buthesda, manyland



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14113 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1.1120 FOR STATE PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, function Residence before admission) **ZOUNTY** 2, and 2 delay is Deportment of SUMFRA MARYLAND CITY OR TOWN (If outs of carporate limits, write RURAL and give hearest tawn) c LENGTH OF STAY IN 16 OR JOWN (If autside corporate limits, write RURAL and give nearest fown) d NAME OF HOSPITAL OR INSTITUTION (If not in haspitor, give street address) e IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO with & This certificate should be executed within 24 hours ofter death NAME OF Middle DATE Year DECEASED permit. File poges 1 and 2 with the Type or print) DEATH 196 e, writing the ward 'pending' in pencil in Item 18. Give forwarded ta the Chief Medicol Examiner's Office along DATE OF BRID JE UNDER 1 YEAR 7 MARRIED NEVER MARRIED 9 AGE (In years IF UNDER 24 HRS .ast birthday) Months Hours WIDOWED D:VORCED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? narela 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME KODINSON 16 SOCIAL SECURITY NO 17 INFORMANT (If yes give wor or dates of service CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-tronsit ony event Bronchial. Confluent Dik neumonia MMEDIATE CAUSE (a) DUE TO Conditions, fany, which gave 10.MALACIA nse ta immediate cause (a), DIJE TO stating the underlying cause 0 last or removal, PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATION YES X NO pe 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW .N.JRY OCCURRED. (Enter nature of injury in Part , or Part II of Item 18.) 3 should 4 should b PRIMARY OF CONTRIBUTING CAUSE OF DEATH cremation, 20c T MF OF INJURY Manth, Day, Year 20d NIBRY OCCURRED 20e PLACE OF INJURY (Home form. (City or town) (Stote) your factory street affice bldg. etc.) FUNERAL DIRECTOR: Page at wark 1967 Zumont an 21. I certify that I taak charge of the remains described above, held an Autopsy . Inspection 14 and in my opinion death resulted fram-Notural causes [] Accident S. Surcide . the funeral director. be retained Ham.cide Jndetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED prior 1 ASSISTANT MEDICAL EXAMINER SIGNATURE DEPLITY MEDICAL EXAMINER **EXAMINER'S** Heolth p moy NAME (Type) Address (Street, city, town, or county) 23o BUR AL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATO 23d LOCAJION (City or Town) (County) (State) 0 5 Cemetery C/a 2Sb REGISTRAR'S SIGNATURE VR A15ME 1967 6M 1/67



	Ttens 13-21 Film 393 MARYLAND STATE DEPARTMENT OF HEALTH 10-19-67 ams division of vital records, 301 w. Preston Street, Baltimore, Maryland 21201	
FOR STATE	14115 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	14121
HEALTH DEPT.	PLACE OF DEATH o. COUNTY MARYLAND O. STATE MARYLAND O. STATE MONTGOMERY MARYLAND O. STATE MONTGOMERY	
PM3. Partment	b CITY OR TOWN (If outside corporate limits, write RURAL and give peorest town) TAKEMA A CALL C LENGTH OF STAY IN 16 SPENCER VILLE	and give nearest tawn)
E 2	d NAME OF HOSPITAL OR INSTILLTION (If not in hospital, give street oddress) WASHINGTON SANITARIUM + Hospital 15419 BALSON ROAD	e IS RES DENCE ON A FARM? YES NO I
after death 1 Sove Pages Sland with for	3 NAME OF First Middle Lost 4 DATE Month OF	Doy Year
ath of the state o		UNDER 1 YEAR IF JNDER 24 HRS onths Doys Hours Min
xecuted within 24 hours anding" in pencil in Item 18 Medical Examiner's Office permit. File pages Land 2 vourhin 72 hours after death	100 USUAL OCCUPATION (Give kind of work done during post of working life, even first red). Skell Mile (Novel) Skell Mile (Stote or fore gn country) NOUSTRY	12 CITIZEN OF WHAT COUNTRY?
l within n pencil Examinel File page 2 hours a	13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ROBERTA HAIRFIEL	D
cuted ng" in dical E mit. F	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 2 16-40-6679 DRIVERS LIGENSE	
be be hief	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: 823.4 DUE TO NAMEDIATE CAUSE (a) Aultitle skull fractures with	INTERVAL BETWEEN ONSET AND DEATH
irate sh ing the ded ta des a bur and in a	Conditions, if ony, which gove itse to immediate couse (o), stoting the underlying couse lost (c) due to auto acci ent	
This cert.! ticate, writh be farwar to be used remayal, or	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0)	19 WAS ALTOPSY PERFORMED? YES NO
生 4	200 EXTERNAL CAUSE WAS PRIMARY MOTOCONTRIBUTING D CAUSE OF DEATH 200 DESCRIBE HOW INJURY OCCURRED (Enter noture of njury in Port I or Port II of Hem 18) Jec 230 15 15 15 10 20 11 auto when dri	ver lost
를 공꾸를 볼	20c TIME OF INJURY Month, Doy, Year 7 20d INJURY OCCURRED 20e PLACE OF NJURY (Home farm, 7:29 pm 10/6 1967 or work of work XX for office bldg, etc.) Silver Sirir	(County) (State) ig Monty Md
MEDICAL EXA please execute director. Page retained for you DIRECTOR: Page ir to bund, crem	21. I certify that I took charge of the remains described above, held on Autopsy Inspect on Inquiry, death resulted from Natural causes . Acciden . Suicide . Homicide . Undetermined mann	
EPUTY MEDICA sssary, please ex funeral director. ay be reto med JNERAL DIRECTO	ACTUAL SIGNATURE OCCUPANT ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
O DEPUTY MEDICAL EXAM necessory, please execute the funeral director. Page 4 5 may be reto ned for your 0 FUNERAL DIRECTOR: Page Plealth prior to burial, crema	EXAMINER'S BELDEN R. SELPEN R. DEPUTY MEDICAL COUNTY) &	7.7,1967
The same of the sa	230 BERIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETICATOR (REMATION) 23d LOCATION (City or Town) REMOVAL (Specify) Oct 9-1967 Known Cemetican Surremoved	
VR AISME	Huntay Walter 254 Carrall M.W. Wash to DATE OCT 11 1967 fc	earles Judges



1	1 4	MARYLAND STATE I Division of STATISTICAL RESEARCH AND RECORDS, 3	DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE, MA	ARYLAND 21201
· fee	10 m	CERTIFICATION CE	TE OF DEATH	14122
	er death	T. PLACE OF DEATH O COUNTY W ont gameny Sixue Spir	2 USUAL RESIDENCE (Where deceased lived, if in a state Maryland b	nstitution Residence before odm ssion) COUNTY Montromery
	Inurs after the by the two tres after thours after	b CITY OR TOWN (if outside carporate limits, write RURAL and give nearest town)	silver pring	
	in 24 in 24 in 24 in 25	d NAME OF HOSPITAL OR INSTITUTION (If not in thospitot, give street oddress) Touchard Murriage Home	8625 Piney Branch	
	requires that the death certificate be executed within 24 g physician. I signed by the ottending physician and completely filled, e burial-transit permit. Then please remove carbon pape o burial, cremation, or removal, and in any event, within 2	3 NAME OF PITST Middle OTTES DECEASED (Type or print) S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	Lost A DATE OF BIRTH 9 AGE (In yet	Month Day Year 1962 Ors 1 F UNDER 1 YEAR 1 F UNDER 24 HRS
	e executed with ond completely remove carbon n any event, with	S SES 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DIVORCED DI	0/7/70 lost birthdo	oy) Months Doys Hours Min
	ate be	Retired printer G.P.O.	Norway	12 CITIZEN OF WHAT COUNTRY?
	phys hen phoval	Unknown	14. MOTHER S MAIDEN NAME Unknown	
	he death certific ottending phys permit. Then p	(Var as as unknown) (If we must see at annual	Dorothy K. Nichols	Silver Spring,
	hot the n	18. CAUSE OF DEATH (Enter only one couse per line for (o) (b) ond (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	lenti feat De	INTERVAL BETWEEN ONSET AND DEATH
	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be exectly any be retained by the hospital ar ottending physician. D FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and confector, page 3 should be detached for use as the burial-transit permit. Then please removation be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any the state Dept.	Conditions, if ony, which gave his to immediate cause (a),	ngostar Tailu	u Idan
	The flow recontending I has been see os the bh prior to b	storing the underlying couse (c)		
	i: The form of the	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	leave lobe	YES NO
	retoined by the hospitol ar othending retoined by the hospitol ar othending ECTOR: After this certificate has been 3 should be detached for use os the with the State Dept, of Heolth prior to	206 ACCIDENT WAS UNDERLYING ☐ 206 DESCRIBE HOW INJURY ACCURRE OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D (Enter noture of injury in Port I or Port II of item 1	
	OR ATTENDING PHYSIC be retoined by the hospi DIRECTOR: After this cert ge 3 should be detached Illind with the State Dept. o	Hour o m While Not While p m 19 ot work ot work	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	
	TTENDIN pined by OR: Affer ould be in the Sta'	21. I certify that (i) (this haspital) attended the deceased fram saw the deceased alive an	hat death occurred at 250M, fram cau	uses and an the date stated above
	OR ATTENDING be retoined by the JIRECTOR: After t e 3 should be da and with the State	20. SIGNATURE TUBE	M.D ATTENDING MED DIRECTOR PHYS	22b DATE SIGNED
	HOSPITAL O	Merton Z. White	22d ADDRESS (Georsia	are AS, hel
	O HOSPITAL Poge 4 may O FUNERAL Frequency poges	230 BURIAL CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY CREMOVAL (Specific) 11/1/67 Ft. Linco	or CREMATORY 23d 10CATION (City of the Company of t	
	OP D	24 FUNERAL DIRECTOR ADDRESS SHHIMES Co. 2901 1457.A		SE REGISTRAR'S SIGNATURE MICH.



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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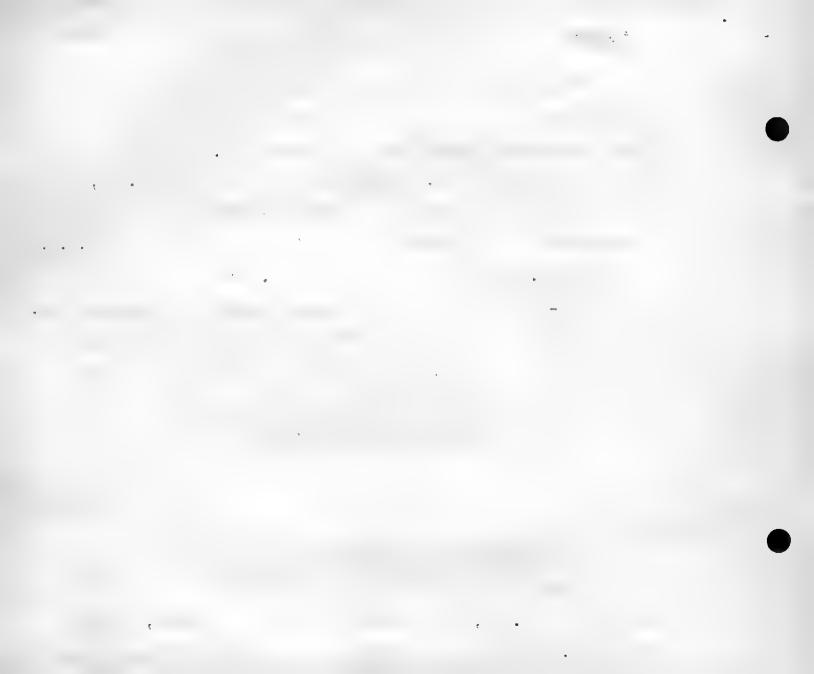
14118

CERTIFICATE OF DEATH

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/	PLACE OF DEATH				2. USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission)					
	o. COUNTY Montgomery			MARYLA	ND	o Marylan	ıd	P CONNIT	ntgomer	У
`	b CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) Silver Spring,			C LENGTH OF STAY IN	1b	CITY OR TOWN (IF				
				5 hours		Silver	Spring	, Maryland	d	
ŀ	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)					d. STREFT ADDRESS		-		e IS RESIDENCE
		one ital.				8 Marigo	old Ct.			ON A FARM? YES NO
² [3. NAME OF	First		Middle		Last	4. DATE	Month	Do	
	(Type or print)	Nora		Jane John	nsor	1	OF DEATH	10	26	19 67
	S SEX	6 COLOR OR RACE 7 M	ARRIED	NEVER MARRIED		DATE OF BIRTH	9	AGE (In years	IF UNDER 1 YEAR	
Ч	Famale		DOWED	DIVORCED		8/21/84		lost burthdoy)	Manths Doys	Haurs Min.
ſ	10a USUAL OCCUPATION	(Give kind of work dane	10b. KI	ND OF BUSINESS OR		11. BIRTHPLACE (Count	ty & Stote, ar foi	reign country)	12 CT ZEN C	
1	during most of working li house		OW	DUSTRY		Locust	Grove	Virginia	COUNTRY	· f
ı	13 FATHER'S NAME					14. MOTHER'S MAIDEN		· · · · ·		
1	John	Tinder				Esther	Tinde	r Montia		
1	15 WAS DECEASED EVER	R IN U.S. ARMED FORCES?	16 5	OCIAL SECURITY NO	17	INFORMANT Dorothy Ansel Address				
1	(Yes, no, or unknown) (If yes give wor or dotes of service) 225=12=2605 Holy Cross Hosp. 8 Marigold								SSMd.	
ľ	18. CAUSE OF DE	ATK (Enter only one cause per	line for	(o), (b), and (c))		1 -		/	IN	ITERVAL BETWEEN
1	PART 1. DEAT	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) HOMENTAGE CAUSE (b) PART III DEATH ONSET AND DEATH								
-	4011									
1		Conditions, if ony, which gove) (b) See the rest (letter range of the letter range) 24 her conditions								
		inse to immediate cause (a), (Injury 20)								
	last	stating the underlying couse (c) its think such cousts.								
	PART II OTHER SIG	SNIFICANT CONDITIONS CONTRI	BUTING T	O DEATH BUT NOT RELATI	ED TO T	HE TERMINAL DISEASE O	ONDITION GIVE	N IN PART 1(o)	,9	*WAS AUTOPSY PERFORMED?
X	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY N									YES NO
1	200. ACCIDENT WAS		20b DE:	SCRIBE HOW INJURY OCCU	JRRED (Enter nature of injury ii	n Port or Por	t II of item 18.)		
ı	OR CONTRIBUTING (
1	20c TIME OF INJU	RY Manth, Day, Year				E OF INJURY (Hame, to		(C ty or tawn)	(County)	(State)
1	Hour o.m	10	While of work	Not While of work	Iden	ory, street, office bldg., et	(1)			
	21 1 certif									
4	saw the de	21 1 certify that (I) (this hospital) attended the deceased from 17 Garden, 1961, ta 26 Geller, 1967, that (I) (we) last saw the deceased alive on 17 Garden, 1967, and that death occurred at 10 M, from couses and on the dote stoted obove.								
4	22a. SIGNATURE	ATTENDING - MED - STAFF								
4	1	Advisely 1 Members M.D PHYS LI PHYS LI 12 - 26 - E						-26-6-		
î	22c. PHYSICIAN'S NAME (Type)	And Seruch	7 6	intla		22d ADDRESS	Porch	ing by	1. hal	di in
1	23a. BURIAL, CREMATIO			23c NAME OF CEMETE	RY OR (CATION (City or Town	(Count	(State)
	REMOVAL (Specify)		101					` '	110 000	(9,0,0)
ŀ	24. FUN PAL DIRECTOR	rter Ellen Ca	196	DDRESS OF	A.I.	250. RE	C'D BY REGISTR	TAR 2Sb. REGIS	STRAR'S SIGNATE	JRE .
	Cog cest Car	,	LEAS .	200	er.	DATENI			lianles	A
	17.77	PERDITON !	IC.	- 17		PAID DAID	JV_Z	130V	7.00	1_1_

Stages I and 2 **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the hospital ar attending physician. director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Bages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, cremation, or removal, and in any event, within 22 bects after dedth The funeral ed an by **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physic an and campletely fife directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon in VR A15 (4) 25M 1/67





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 -14125 14120 CERTIFICATE OF DEATH 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence o. COUNTY h COUNTY MARYLAND b. CITY OR TOWN (If a staide corporate I mits, C LENGTH OF STAY IN 16 carparate limits, write RURAL and give nearest tawn) write RURAL and give negres flown) d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO IX NAME OF Middle Lasi DATE Manth Day Year DECEASED unders (Type or pnnt) DEATH The law requires that the death certificate be executed S SEX 6. COLOR AGE (In years 1F UNDER 1 YEAR F UNDER 24 HRS 7 MARRIED **NEVER MARRIED** last birthday) Manths Davs haurs and in any WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fareign country) Incuria Paper Co physician (en please COUNTRY? Penna PAPER SALES MAN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal, TempLAR 8101 - Adjusth Avenue MARTHA Kobert. VODES -15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (Yes, ng, or unknown) (If yes give war ar dates of service) Huattsville. Grances H. Jones 577-03-3559-A crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY. burial-transit IMMEDIATE CAUSE (o) 160 X DUE TO Conditions, if any, which gove rise to immediate cause (o), DUE TO stating the underlying cause WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO Y YES 🗔 certificate 20a. ACCIDENT WAS UNDERLYING [2] 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I at Part II at item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (Crty or town) (County) (Stote) Hour o.m. Nat While factory, street, affice bldg., etc.) at wark 1957, to Oet 21. I certify that (1) (this haspital) attended the deceased from , 1962, that (I) (we) last FUNERAL DIRECTOR: saw the deceased alive an 1967, and that death accurred at 12 BM, from causes and on the date stated above 22a SIGNATURE 22b DATE SIGNED DIRECTOR PHYS 22d_ADDRESS 22c. PHYSICIAN'S O HOSPITAL PERSHING NAME (Type) director, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) 23a BUR AL, CREMAT ON, (County) REMOVAL (Specify) Prince Georges Co. 9 FUNERAL DIRECTOR 25a REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE DATE OCT 25M 1/67 Silver Spring.



Jordan Dennis MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 141126 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased aved, if institution, Residence before admission) c. COUNTY a. STATE b. COUNTY Montgomery

b CITY OR TOWN (If ourside corporate limits, MARYLAND Maryland Montgomery hours aft c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Silver S ring Silver S. ring. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e is residence on a farm? Holy Cross Hospital 122 Lynmoor Dr. SS Md YES NO N NAME OF corbon Middle Lost 4 DATE Doy Year DECEASED event, (Type or print) Dennis DEATH Jordan **O HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the death certificote be executed Poge 4 may be retained by the haspital or attending physician COMP AGE (in years SEX 6. COLOR OR RACE 7 MARRIED IF UNDER 1 YFAR **NEVER MARRIED** 8 DATE OF BIRTH IF JADER 24 HRS remove lost birthdoy) Months Doys Hours ond in ony WIDOWED DIVORCED 7/22/08 59 White pub 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Virginia clerk Post Office USA 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME or removal, Grank B. Jordan Bessis Gregory WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) (If wes give wor or dotes of service) wife A.B Jordan 122 Lynmoor Dr.SSMd. 226-07-1909 signed by the offer buriol-tronsit parm buriol, cremation, o 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Throm posis Houle IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave (b) rise to immediate cause (a), **DUE TO** stating the underlying cause os the hos been PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? be detached for use State Dept. of Health certificate YES [NO " 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20c TIME OF NJURY Month, Day Year 20e PLACE OF INJURY (Home, form (City or town) (County) (State) Hour am Not While foctory, street, affice blda, etc.) nt wark of work 21. I certify that (1) (this hospital) attended the deceased from September, 1967, to October 27, 1967, that (1) (we) los sow the deceased alive on September 1967, and that death accurred at 1000 M, from causes and on the date stated above TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the 220 SIGNATURE 22b DATE SIGNED MED DIRECTOR STAFF 9 22c PHYSIC AN S 22d ADDRESS NAME (Type) loles ville 230 BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATOR'S 23d LOCAT ON (City or Town) (Stote) Mt. Comfort Cemetery Hiex BREMOVA. (Specify) Alexandria. Virginia 24 FUNEDATORIRECTO Thomas VR A15 (4) 25M 1/67

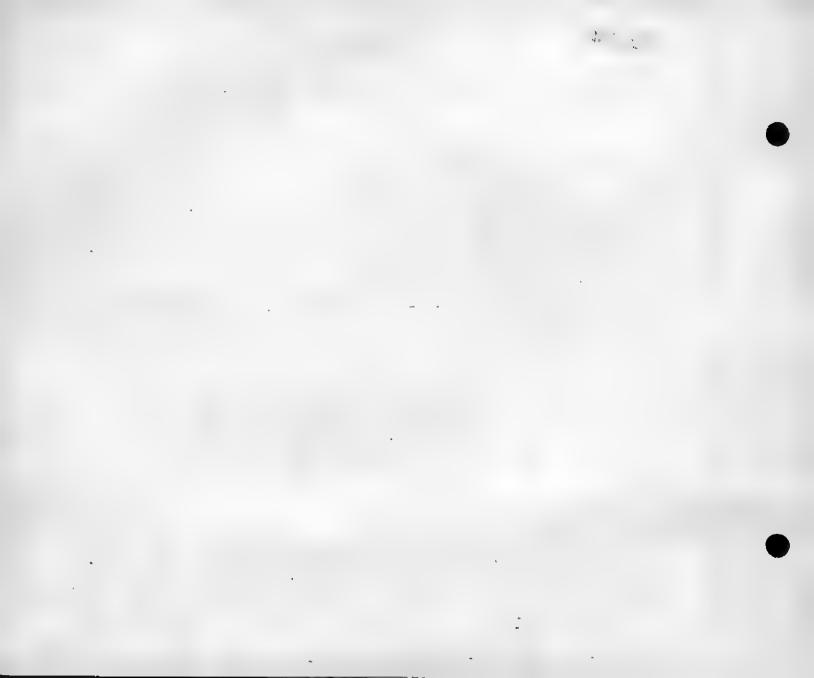


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH **PHYSICIAN:** The law reavires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission. the attending physician and camplesely filled in by the funeral sit permit. Then please remove carbon, papers. Pages I and b COUNTY a COUNTY MONTGOMERY WASH. D.C. MARYLAND please remove carbon papers. Pages 1 I, and in any event, within 72 haurs after b (ITY OR TOWN (If autside carparate mits, write RURAL and give nearest tawn)

WHEN TOW c LENGTH OF STAY IN 16 c CITY OR TOWN (If gutside corporate limits write RURAL and give nearest town) 57 NONTHS WASHING TON De. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)
WHEATON NURSING HOME
11901 GEORGIA AVE. d STREET ADDRESS ON A FARM? 3033 WEST LANE KEYS NO P NAME OF 4 DATE First Month Year OF DEATH DECEASED ANTOINETTE 67 JORDAN 19 IF UNDER 24 HRS AGE (in years S SEX 6 COLOR OR RACE DATE OF BIRTH 7 MARRIED NEVER MARRIED last b rthday) Hours FEMALE 6-28-18 WHITE X WIDOWED 10a LSUAL OCCUPATION (Give kind of work done during most of warking life, even if retired) 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? A. INDUSTRY FRANGE HOUSE WIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal. BLESBOIC DESIRE 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, ar unknown) ((If yes give war or dates at service) Address SAME 16. SOCIAL SECURITY NO. 17 INFORMANT 20 lordAN-SON INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per lane far (a), (b) and (c) PART I. DEATH WAS CAUSED BY burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) signed by **DUE TO** wteriosclerosis Conditions, if any, which gave rise ta immediate cause (a), DUF TO stating the underlying couse Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been for use as the 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) MEDICAL CERTIFICATION NO 20g ACCIDENT WAS UNDERLYING [205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, farm, (City or town) (State) 20c TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED (County) factory, street, affice bldg, etc.) Hour o.m Not While 21. I certify that (1) (this haspital), attended the deceased framework in 7, and that death accurred at 130 PM, fram causes and an the date stated above saw the deceased alive an STAFF
PHYS | 10 - 9 22a. SIGNATUR MED. DIRECTOR M D PHYS 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) WISCOMSIM directar, 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d LOCATION (City or Town) (Stote) BURIAL, CREMATION Crema Creifyn Washington. 10-10-67 Lee's Crematory 25b REGISTRAR'S SIGNATURE 25g REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) boules Lee Funeral Home Washington. D.C.



	1	MARYLAND STATE DEPART		21201
🛴 .		14123 Division of STATISTICAL RESEARCH AND RECORDS, 301, W. CERTIFICATE OF	DEATH	14128
er death		o. COUNTY MARYLAND O.	SUAL RESIDENCE (Where deceased lived, if institution Resistant B. COUNTY b. COUNTY	Montaomeru
24 haurs after again by the function of the fu		Silver Sovin els 3 years	TY OR TOWN (If autside carparate limits, write RURAL and Silver Spring TREET ADDRESS	give nearest town)
thin 24 h	3	Fairland Nursing Home	1019 Nora Drive Lost 4 DATE Manth	B IS RESIDENCE ON A FARM? YES NO Day Year
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nt the death certificate by the attending physicion (ssit permit. Then please matian, ar remaval, and ii	15	James A. Hennessy 569-26-3422 WAS DECEASED EVER IN U.S ARMED FORCES? 16 SOCIAL SECUR TY NO 17 INFORM	Mary Clark ANT 4305 Elmbood	Koad
equires the physicion. signed by burial-tran burial-tran		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ine J. Long Beltsville, I	INTERVAL BETWEEN ONSET AND DEATH
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. af Health priar ta	CERTIFICATION	PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH CALL CONTRIBUTING CAUSE OF DEATH CONTRIBUTING CAUSE OF DEATH		19 WAS AUTOPSY PERFORMED? YES NO
OR ATTENDING PHYS be retained by the has DIRECTOR: After this ce je 3 should be detache ed with the State Dept.	MEDICAL (Hour o.m. p.m. 19 While Nor While of work at work 21. I certify that (1) (this hospital) attended the deceased fram	net, affice bldg., etc.)	(County) (State)
SPITAL OR ATTE 4 may be retaine KERAL DIRECTOR. for, page 3 shoul	0-10	220. SIGNATURE Archiver M.D. AT 220. PHYSICIAN'S 2	TENDING _ MED STAFE ! _	n the date stated above to DATE SIGNED ct. 29, 1967
TO HOSPITAL Page 4 may TO FUNERAL I director, pag should be fil	236	D. BURIAL (REMATION, 23D. DATE THEREOF 23C. NAME OF CEMETERY OR CREMATE SULVAL SPORTS 1, 1967 Cedar Hill Cen	ORY 23d. LOCATION (City or Town)	(County) (State)
VR A15 (4)	24 W	Timeral Director to John Stemas 434 Agres rgia Avenu	250 PEC'D BY PEGISTRAP 256 PEGISTRAP	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF BEATH a. COUNTY b. COUNTY Maryland Montcomerv Montgomery MARYLANO b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town Rockville .5 Wheaton e. IS RESIDENCE filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? event_within NO V 10500 Rockville Pike YES University Nursino Home executed_within 3. NAME OF First Middle Last OATE Month Oay Year DECEASED DEATH 10 19 67 (Type or print) Alice B. Keenan 5. SEX DATE OF BIRTH 9, AGE (In years IF UNOER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) | Months been signed by the attending physician and c the burial-transit permit. Then please remov or to burial, cremation, or removal, and in any e WICOWEO OIVORCEO V 6/5/1910 Female Caus. 10a, USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY COUNTRY? certificate be At Home Homemaker Ruffalo. New York LISA MOTHER'S MAIDEN NAME 13. FATHER'S NAME William Boughton Elizabeth Fellows 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Rockville, Md. 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) The law requires that the death 220-44-6615 Lawrence Keenan, Son, 273 Congressional La., INTERVAL BETWEEN CAUSE OF CEATH [Enter only one cause ther line for (a), (b), and (c),] OHSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) OUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the prior underlying cause last. this certificate has 88 CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) ould be detached for use the State Dept. of Health PERFORMEO? YES NO A DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part | or Part || of Item 18.) 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) (County) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) TIME OF INJURY Month, Cay, Year factory, street, office bldg., etc.) Hour a.m. After While Not While retained by 19 at work at work TO HOSPITATE PERCENTED TO FUNERAL DIRECTOR: A Transfer, page 3 should reactor, page 3 should reactor, page 3 should with the 21. I certify that (I) (this besoftal) attended the deceased from to 37M, from the causes and on the date stated above. saw the decrased alive on and that death occurred at 22 DATE SIGNED 22a. SIGNATURE DIRECTOR ADDRESS PHYSICIAN'S NAME (Type) LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY 23d. BURIAL, CREMATION, 23b. OATE THEREOF 10/20/67 Forest Lawn Cemeterv Buffalo. New York 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR FUNERAL DIRECTO ADDRESS Melizalas VR A15 (4) 15M 4-64

Jan 1 3		maryLand State DEPARTMENT OF HEALTH 2-15-67 ams Division of VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, M.	MARYIAND 21201	
FOR STATE		14125 MEDICAL EXAMINER'S CERTIFICATE OF DI		11170
HEALTH DEPT.	F	PLACE OF DEATH 2 USUAL RESIDENCE (Where d	deceased eved, if institution,	Residence before admission)
of ge	1	o. COUNTY	b COUNTY	,
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and deel		write RURAL and give nearest town)		and give nearest recent
Per	-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS	E	l e S RESIDENCE
E S		2 -	P-	ON A FARM?
th of r			TROCK KD	YES NO X
within 24 hours after deoth 1 pencil in Item 18. Give Poges aminer's Office along with for e poges lond 2 with the State tours ofter death.	3	DECEASED	ATE Month FATH OCT.	Doy Year
Sive ng h th	ς			UNDER LYEAR E IF UNDER 24 HRS
alo alo	1	THE REAL PROPERTY OF THE PARTY	lost birthdoy) Me	onths Doys Hours Min.
hours Item 18 Office o		EMALE WHITE WIDOWED DIVORCED 7-30-24 O USUAL OCCUPATION (G ve kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (Stote or fore)	1 4 3 Yrs	12 CTIZEN OF WHAT
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		TOUSEWIFE Own Jone SCOTLAND FATHER'S NAME	,	USA
within 24 hours a penct in Item 18. xaminer's Office a ile pages lond2 w hours ofter death.	13		SHAW	
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executed nd ng" in Medical E permit. F	(1,3	At the private private the private pri	Address	
d ng d ng editi	-		ON L) DA	ME
d be executed d'pending" il Chief Medical frans t permit.		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).) PART I DEATH WAS CAUSED BY A Cute coronary insufficiency;		INTERVAL BETWEEN ONSET AND DEATH
ld be rid 'pe (Chief Trans t		IMMEDIATE CAUSE (a) ACCIOE COTOMACTY TITS ATTICLE TO STATE OF THE STAT		
thould the (the (ony e		4 dC / DUE TO		
e should be e the word "per to the Chief I bur ol-trans t in ony event v		(ond Lons if ony, which gove) (b) Rheumatic heart disease		
# # # P # # # # # # # # # # # # # # # #		stoting the underlying couse DUE TO		
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s certificate should be executed e, writing the word "pending" in forwarded to the Chief Medical F. used as a bur ol-trans t permit. F. novol, and in any event within 72	18	PART I. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM, NAL DISEASE CONDITION	GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?
This icate, be to be to remore	S			YES NO 🗌
INER: Thise certificate certificate should be files. 3 should be files.	CERTIFICATION	200 EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I of PRIMARY □ or CONTRIBUTING □	ir Port II of item 18.)	
INER: The certification of restriction, or restriction.	12	CAUSE OF DEATH.		
EXAMINER: This certificate should get the certificate, writing the word age 4 should be forwarded to the C your files. Page 3 should be used as a bur of tre cremation, or removal, and in any externation,	MEDICAL	20c TIME OF INJURY Month Doy, Yeor 20d INJURY OCCURRED 20e PLACE OF INJURY (Home form 2 Hour om While Not While foctory, street, office bdg., etc.)	20f (City or town)	(County) (State)
XAI Te day You	E	p m 19 at work U ot work U		-
MEDICAL EXAM please execute th director. Page 4 etoined for your DIRECTOR: Page rr to buriol, crema			pect an 💢 🔝 Inquiry	and in my opinion
2 9 5 9 E E		death resulted from Natural causes 🕱 Acident 🗌 Suicide 🔲, Hamic'de 🔲,	Undetermined mann	er 🗌
irrection to the to the transfer of the transf		ACTUAL CHIEF MEDICAL EXAMIN		22 DATE SIGNED
JIY MEDIC, ry, please e eral director be retoined RAL DIRECT prior to burn		SIGNATURE ASSISTANT MEDICAL EX.	Am :	A - A - A
CRA pr		EXAMINER'S BOLDER & PORD & DEPUTY OF LOCATION OF THE DEPTY OF THE DEPT	. / / / / /	126/1967
TO DEPUTY MEDICAL EXAM necessory, please execute the funeral director. Page 4 5 may be retoined for your TO FUNERAL DIRECTOR: Page Health prior to buriol, crema	22	NAME (Type) Add A THEREOF 23C NAME OF CEMETERY OF CREMATORY 23	d 10CATION (City or Town)	(Coxinty) (State)
E ST F	23	DESCRIPTION OF THE PROPERTY OF	a worthon (city of town)	(comy) (noe)
0	779	Appending the property of the		RAR S SIGNATURE
VR A15ME (5)	1	The state of the s		mes Judge
Carlot Carlot		3t rest . P. m. 7 " : " 20 Silver Spring, Ald. DANOV 2	1001	J-C-

mark with , , A

301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) **b.** COUNTY f Columbia c, CITY OR TOWN (If outside corporate l'mits, write RURAL and give neerest town) 's Built ton d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 3805 T Street. YES NOT DEATH 10 196/ 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) BIRTHPLACE County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S. 14. MOTHER'S MAIDEN NAME Son Leurge A. Berridge Potomac, INTERVAL BETWEEN TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) I WAS AUTOPSY PERFORMED? NO M 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part | or Pert II of item 18) 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm. 20f. (City or town) (County) (Stata) factory, street, off co bidg., etc.) 22b. DATE SIGNED STAFF DIRECTOR 23d. LOCATION (City, fown or county) (Stote) Washington. 256, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 shauld be detached for use as the burial-transit permit. Then please femove carbon pages. Should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72%.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

14132

_													
	PLACE OF DEATH O COUNTY Montgomery Maryland						2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before odm ssion) o. STATE Maryland b. (OUNTY Montg.						
1	b. CITY OR TOWN (write RURAL on Dickers	16	C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dickerson, Md (Rural)										
		AL OR INSTITUTION (If no	ot in hospitol, g	ive street oddress)		d STREET ADDRE	ESS		***		e YE	IS RES DENCE ON A FARM? IS NO	
	NAME OF DECEASED (Type or print)	Ric	hard	Middle E •		King		4 DATE OF DEATH	Oc	t	8 Box	Yea 7	
	Male	6. COLOR OR RACE Negro	7. MARRIED : WIDOWED	NEVER MARRIED DIVORCED		11/24/	/187	8 9	AGE (in years lest brithday) yrs.	Months Months	Doys	Hours Min.	
	USUAL OCCUPATION	l (Give kind of work done life even if retired) E Y	10b. KI	nd of Business or DUSTN one		11. BIRTHPLACE (State, or for land		12 CT COI	ZEN OF TUNERYS	WHAT P	
13.	FATHER'S NAME					14. MOTHER'S MA DEN NAME							
<u></u>		Horace Ki			Time		ıkne	MXI					
(Y	es, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dates o	of service)	SOCIAL SECURITY NO	17. 1	NFORMANT			Add	ress			
	18. CAUSE OF D PART 1. DEA Conditions, if ony rise to immediate stating the under	e couse (o).	(o) A Y TO (b)	(o), (b) and (c), teviosclar	lic	Curdio	√ u s	cular	Di seà	50	ONSE	T AND DEATH	
ATION	PART IF OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT RELAT	ED TO T	HE TERMINAL DISEA	ASE COND	ITION GIVE	N IN PART 1(o)		19 V P YES	VAS AUTOPS Y TERFORMED?	
CERTIFICATION		UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCC	URRED	Enter nature of in	ijury in Po	ert 1 or Part	H of item 18)				
MEDICAL	20c TIME OF INJI Hour or	10	20d II While of worl	Not While		E OF INJURY (Homory, street, office blo		20f.	(City or town)	(Cot	υ n tγ)	(State)	
	saw the d	fy that (I) (this has eceased alive an	pital) attend	ded the deceased frober 19 <u>67</u> , an	om Id that	death accurre	<u>√</u> , 19 ed at <u>⊊</u>	<u>60</u> , to 7 <u>45 A</u> M	, fram couses	ana an th	, tha ie date	t (I) (wa) la stated abav	
	226 SIGNATURE	in Munder	cho	nitts	M.D	1	D D	NED IRECTOR	STAFF PHYS.	226. D/	ATE SIGNED	7	
	22C PHYSICIÁN S NAME (Type		M. Sm:	ith, M.D.		22d. ADDRES	ss Ynesi	ville	Mary	yland	(, 2	0703	
230	o. BURIAL, CREMATIC			23c. NAME OF CEMETE					CATION (City or To		(County)	(Stote)	
	Burial		/67	Mt. Zie	a C			Mt	_	, Md.	CALATIACO		
24	4 FUNERAL DIRECTO	"L. Suoi	volen .	ROCKU:1/2	e, 1	. /	o. RECID I IT O C T	BY REGISTR	1967	EGISTRAR'S SI	BO	ret gra	



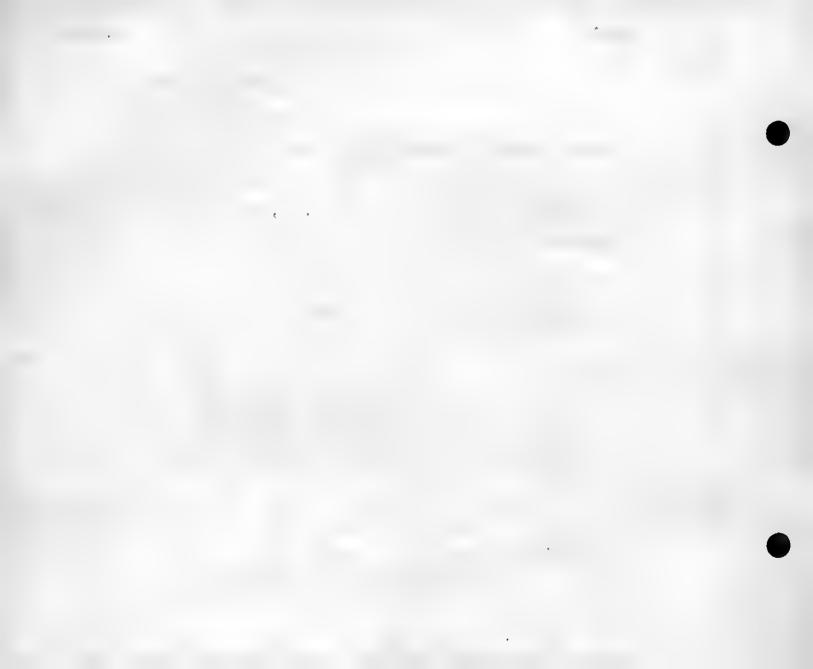
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14133 CERTIFICATE OF DEATH popers. Pages I und Indian 72 hours ofter death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased fixed, if institution. Residence before admission) o. COUNTY Montgomery a STATE b. COUNTY. MARYLAND b. CITY OR TOWN (I Cautside corporate amits, c. LENGTH OF STAY IN 1b c CITY OR TOWN (I) outside corporate limits, write RURAL and give nearly town) PHYSICIAN: The tow requires that the death certificate be executed within 24 hours in by (If not in hospital, give street oddress) .. IS RESIDENCE ON A FARM? filled YES NO R NAME OF Year completely nove carbon DECEASED OF DEATH (Type or print) AUCRA 10 19 67 S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED AGE (In years NEVER MARRIED B. DATE OF BIRTH remove [ost_birthdoy] Months Doys Hours for use as the burial-tronsit permit. Then please remo Health prior to burial, cremation, or removal, and in any WIDOWED 7-14-01 106 KIND OF BUSINESS OR 10o USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT physician a during mast of working life, even if retired) COUNTRY? ITAIN Ames 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war at dates of service 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The fow requires the Poge 4 may be retained by the haspital or ottending physician. DUE TO Conditions, if ony, which gove 1 rise to immediate cause (a), DUE TO stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) WAS AUTOPSY PERFORMED? NO 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH director, page 3 should be detoched should be filed with the State Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e PLACE OF INJURY (Home, form, 20d INJURY OCCURRED (County) (State) 20¢ TIME OF INJURY Month, Day, Year (City or fown) Hour o.m. foctory, street, office bldg., etc.) Not While ot work 21. I certify that (1) (this haspital) attended the deceased fram 1200 2 1954, to Oct 24 , 1967, that (1) (aux) fast 67, and that death accurred at 1:08 PM, fram causes and an the date stated above. saw the deceased alive an 22o, SIGNATURE DATE SIGNED M.D DIRECTOR 22c PHYSICIAN'S 22d ADDRESS NAME (Type) 23d. LOCAMON (City or Town) BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY DATE THEREOF REMOVAL (Specify) Homer Cometers 11.- 4 2Sb REGISTRAR S SIGNATURE VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14129 CERTIFICATE 14134 OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Montgomery b. COUNTY Montgomery a. STATE Maryland MARYLAND b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) hours Rockville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RES DENCE ON A FARM? d STREET ADDRESS 13810 Congress Drive Holy Cross Hospital apod YES NO PG NAME OF First Middle Last 4. DATE Month Year DECEASED 28 10 67 Lamb Lottie Marion (Type or print) DEATH complet COL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (n years IF UNDER 1 YEAR F UNDER 24 HRS **NEVER MARRIED** Manths Haurs Bov. 6. 1885 female white in ony WIDOWED 3 DIVORCED and 10a JSUAL OCCJPATION (Give kind of work dane 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State, as fareign country) during most of work ng life, even if retired) COUNTRY? Own Home physicion (ond Washington D
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME removol, John Joseph Phillip Carrie Cunningham 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (Yes, na, ar unknown) (If yes give war or dates of service) 0 Takoma Park, Md. Lewis J Lamb/son cremation, INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART 1 DEATH WAS CAUSED BY: signed by the burial-tronsit ONSET AND DEATH IMMEDIATE CAUSE (a) **DUE TO** buriai, 1 Canditions, if any, which gave ase to immediate cause (a), DUE TO stating the underlying cause prior to b the Sign 19 WAS AUTOPSY PERFORMED? 205 PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH SUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) ficate 5 20g ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or fown) (County) (State) Hgur a m. factory, street, affice bldg., etc.) at work 21. 1 certify that (1) (this hospital) attended the deceased from 196. (, that (1) (we) los sow the deceosed alive on... O FUNERAL DIRECTOR: 1962, and that death accurred at 2 from causes and on the date stated above 22b. DATE SIGNED 22a SIGNATURE ATTENDING STAFF Oct. 28. PHYS 22d ADDRESS 22c. PHYSICIAN'S Dr. William D. And Colesville. Road NAME (Type) Silver Spring 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) BULLAL (Specify) Glerwood Cemetery 1. 1967 Washington. 84 Inprisseorgia Ave. 25g. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 Silver Spring, Md. Inc. umphrey. DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14135 CERTIFICATE OF DEATH 24 haurs ofter death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE MONTGOMERY MARYIAND b CITY OR TOWN (If autside corporate imits, C. LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) CHEVY CHASE SILVER SPRINGS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENC ON A FARM? CHASE NURSING & CONVALESENT CENTER 4615 HUNT AVENUE NO X The law requires that the death certificate be executed within NAME OF Middle 4 DATE last Month Doy Year DECEASED OF DEATH OCTOBER 11 ELIZABETH LANE 67 (Type or print) 19 IF UNDER 1 YEAR IF UNDER 24 HRS S SEX DATE OF BIRTH AGE (In years 6 COLOR OR RACE 7 MARRIED NEVER MARRIED lost birthdoy) Hours WIDOWED DIVORCED SEPT. 14.1884 FEMALE WHITE 100 USUA, OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
HOUSEWIFE INDUSTRY COUNTRY? KENTUCKY IISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, or removal, EDWARD WRING BELLE PERRY IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dates of service) NURSING & CONVALESENT CENTER RECORDS NTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave en lined arterio Scherosio rise to immediate cause (a), DUE TO stating the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? use NO X Ь 200 ACC DENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of minry in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER WEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) Not While foctory, street, office bldg., etc.) of work at work 19.6.3 ta , 19____, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased fram - OCT -Page 4 may be retained 1967, and that death accurred at 6.15 My from causes and on the date stated above saw the deceased alive an 10 oct DIRECTOR: 22b. DATE SIGNED 22a. SIGNATURE M D 22d. ADDRESS 22c. PHYSICIANZ FUNERAL 23c NAME OF CEMETERY OR CREMATORY 23o BURIAL, CREMATION 23b DATE THEREOF 23d LOCATION (City or Town) (County) BENEVAL (Specify) SOUTH BEND, INDIANA 10/13/67 HIGHLAND CEMETERY 0 2So. RECD BY REGISTRAR 24. FUNERAL DIRECTOR ROBERT E. WILHELM FUNERAL HOME 1967 VR A15 (4) 4308 SUITLAND ROAD, SUITLAND, MARYLAND 25M 1/67





	14132	2		CERTIFIC	ATE	OF DEATH				141	377
	CE OF DEATH OUNTY	NTGOMERY		MARYLAN	D	2. USUAL RESIDENCE a. STATE MD	Where dece	ased lived, if institu b. COU		befare ad	missian)
БС	ITY OR TOWN (IF WITTE RURAL ODD BETHESDA	give negrest town) (rural)	s,	c LENGTH OF STAY IN THE		LEXINGTON			RAL and g ve :	nearest tax	vn)
d N		LOR INSTITUTION (15 no AVAL HOSPIT		ive street address)		d. STREET ADDRESS 5 TANNER A	VE			e IS OI YES	RESIDENCE N A FARM? NO X
	EASED be or print)	JAMES	rs† Š	Middle MILTON		Last JGHLIN	4 DATE OF DEATI			Doy 13	Yeor 19 67
	ALE	6. COLOR OR RACE	7 MARRIED - WIDOWED	NEVER MARRIED DIVORCED		DATE OF BIRTH TUNE 12TH	.924	9. AGE (In years last birthday) 43 yrs.		Days H	JNDER 24 HRS durs Min.
during r	mast of warking li	Give kind af wark dane te, even if retired) VY	10b. KIN	ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (Count BESSEMER	ALA	areign (auntr y)	12. CITTZ COUN	EN OF WH	SA
		ODGE LAUGI				14. MOTHER'S MAIDEN MINNIE					
(Yes, n	YES (IN U.S ARMED FORCES? If yes give war ar dates (6-12-41 10	13/674	OCIAL SECURITY NO. 10 24 0199	MA	FORMANT WIFE LAUGHLIN,	5 TA	NNER AVE	, LEXIN		
	PART I. DEATH	ATH (Enter anly one cau I WAS CAUSED BY, IMMEDIATE CAUSE	(a)A((c), (b), and (c)) CUTE MYOCARI	IAI	INFARCTIO	N			ONSET /	A BETWEEN
Con	7	couse (a)	(b)								
sta las	oting the underl	ying cause	(c)		. 70 7	Topologic Colores	DETION OF	PALIA BART 1/ 1		Tie WA	AUTORCY
CATION		-		O DEATH BUT NOT RELATED						YES [S AUTOPSY FORMED? NO
AL CERTIF	EITHER, NOTIFY A	CAUSE OF DEATH MEDICAL EXAMINER)		SCRIBE HOW INJURY OCCUP					45		(2)
MEDICAL	p.m.	RY Manth, Day, Year 19	While at wark	Nat While at wark	facta	E OF INJURY (Hame, far ry, street, affice bldg., etc	.)	, , ,	(Caun		(State)
	saw the de	y that (I) (this hos ceased alive an	spital) attend	led the deceased fra 19 <u>67</u> , and	m that	death accurred a	19 <u>01</u> , 19:28F	M, fram causes	and an the	date s	(I) (we) lastated above
	20 SIGNATURE	ek CZ	! ium	man	M.D	ATTENDING PHYS 22d. ADDRESS	MED. DIRECTOR	STAFF PHYS.	22b DAT	OCT	1967
	2c. PHYSTUAN'S MAME (Type)		ZIMMERN	AAN 23c. NAME OF CEMETER	V 00 /	NAVAL H		OCATION (City or To			(State)
九章	URIAL, CREMATION FMOVAL (Specify) URICAL DIRECTOR	23b. DATE TH	17-67	ARLINGTON :		IONAL CEME		ARLINGTO	N, VIRO	MATILDE	1 /
	INSON F	UNERAL HOM	É, LEON	ARDTOWN, MA	RYL	AND DATE	řT 2	1967	Millone	20 J.	٠ ،

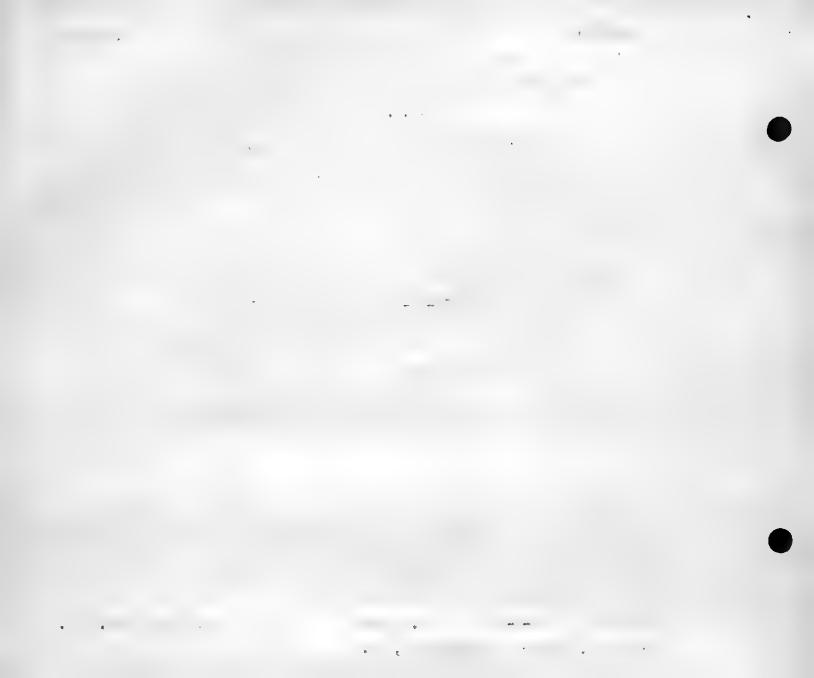


STATE DEPARTMENT OF HEALTH of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) e. COUNTY **b.** COUNTY Montgomery MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporale limits, write RURAL and give nearest town) write RURAL and give nearast town) Wheaton uears d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 12704 Helen Road 12704 Helen Road YES NOX 3. NAME OF Middla 4. DATE DECEASED DEATH (Typa or print) Margaret 1967 Ledford 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 5. SEX 9. AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. last birthday} Months Female WIDOWED X DIVORCED | Nov. 20 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Slate or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired! Own Home North Carolina Housewite 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Jackson Wingate Laura Cashion 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT 12704 Neten Road (Yes, no, or unkown) | (If yes give weror detes of service) 578-05-06762 Dirainia Ramsau 1B. CAUSE OF DEATH Enter only one cause per line for (e), (b), and INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) 4201 DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8): 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO K 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam IB.) 20a EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While Hour e.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Undetermined manner death resulted from: Natural causes 🕽 CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 its desion-SIGNATURE NAME (Type) 22e. BURIAL, CREMATION, 22b. DATE THEREOF NAME OF CEMPTERY OR CREMATORY 22d. LOCATION (City, town, or country) (Slete) REMOVAL (Specify) ₽40 g Port Lincoln Cemetery GEORGEA County 24e. REC'D BY 24b. REGISTRAR'S SIGNATURE VS. A15ME DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14134 CERTIFICATE OF DEATH 14139 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH a. COUNTY Montgomery o. STATE Virginia **b** COUNTY MARYLAND C LENGTH OF STAY IN 16 b CITY OR TOWN (If autside carparate limits c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) THE THES OLD GIVE DEDICATION! 4 days Arlington requires that the death certificate be executed within 24 hours d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e IS RESIDENCE ON A FARM? 2406 Fort Scott Drive Naval Hospital YES NO DE event, within 3 NAME OF Middle 4 DATE First Last Month Doy Year DECEASED LEGGETT 19 67 Jeanne Davis Ethel October (Type or pont) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS s SEX 6 COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED X NEVER MARRIED lest birthday) Months Hours March 13, 1899 Female Cauc. and in any WIDOWED DIVORCED and 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or fareign country) 12 CIT.ZEN OF WHAT IGa USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY N/A Falls Church, Va. USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME crematian, ar remayal, attending phy permit. Then I Blanch Gott Eugene Davis 17 INFORMANGCOtt Drive, Arlington, Virginia 15 WAS DECEASED EVER IN ILS ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no or unknown) (If yes give war or dates af service) Capt. Aubrey B. Leggett, USN, Ret. 2406 Fort 230 30 9107 INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH as the burial-transit priar ta burial, cremat PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE (a) Cerebral infarction right signed by DUE TO Conditions, if ony, which gave (6) use to immediate cause (a), DUE TO stoting the underlying cause Jast (c) 19 WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) be detached for use State Dept. of Health YES 😽 NO certificate 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (C'ty ar tawn) (County) (State) 20c TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) 21. I certify that (K(this haspiss) attended the deceased fram Oct. 1 , 19 67, to Oct. 5 , 19 67 that (K(we) last saw the deceased alive an Oct. 5 19 67, and that death accurred at 1105M, fram causes and an the date stated above. DIRECTOR: 220 SIGNATURE 22b DATE SIGNED Oct. 6 1967 DIRECTOR M.D 22d, ADDRESS 22c. PHYSICIAN'S TO FUNERAL NAME (Type) Lawrence W. Raymond, M. D. Naval Hospital. Bethesda, Md 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 230. BURIAL, CREMATION 23b DATE THEREO! (County) Arlington, Virginia Arlington National RECUSARABIS BIGNATURS RECTORY REGISTRAN 96 725b. 24. FUNERAL DIRECTOR Pearsons Funeral HomeDDRESS VR A15 (4) 472 North Washington St., Falls Church, Va. 25M 1/67 DATE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14140 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased I ved. if institution Residence before admission) O. STATE MARY LAND o. COUNTY **b.** COUNTY MONTGOMERY MONTGOMERY MARYLAND b CITY OR TOWN (It outside corporate limits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2, c. P.M3. write RURAL and give nearest town) D.O.A. DAMASCUS OLNEY d NAME OF HOSP TAL OR INSTITUT ON (If not in hospital, give street address) e IS RES DENCE ON A FARM? d STREET ADDRESS 25913 REVE DRIVE MONTGOMERY GENERAL HOSPITAL Pages YES NO D death NAME OF First Midd e Lost 4 DATE Month Doy Year ≥ DECEASED G ve 10 30 THOMAS MILLER LEISHEAR 67 19 (Type or print) DEATH 6 (OLOR OR RACE 8 DATE OF BIRTH 9 AGE (n years F UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED 68 vrs Months Hours 5-12-99 MALE WHITE WIDOWED DIVORCED after death IDo LSUAL OCCUPATION (Give kind of work done ID6 KIND OF BUSINESS OR 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY 7 ISA NDUSTRYFARMER during most of working life, even if retired) MARYLAND RETIRED 13 FATHER S NAME 14 MOTHER'S MA DEN NAME pencil THOMAS MILLER LEISHEAR. SR. MARY FRANCES MOLESWORTH 1S WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCA, SECURITY NO. 17 INFORMANT Address ⊆ (Yes, no, or unknown) (If yes give wor or dotes of service within. 577-26-9465A MEDICAL RECORD DEPT. No 18. CAUSE OF DEATH (Enter only one couse per lige INTERVAL BETWEEN ward "per the Chief / PART I DEATH WAS CAUSED BY ONSET AND DEATH event IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove ? rise to immediate couse (a). DUE TO ertificate stating the underlying couse writing farwarded 9 WAS A TOPSY PART II OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) remayal, PERFORMED? certificate, NO X 2Do EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18) 3 shauld PRIMARY Or CONTRIBUTING Б CAUSE OF DEATH MEDICAL 2De PLACE OF INJURY (Home, form 20f (City or town) 20c I.ME OF INJURY Month, Day, Year 20d INJURY OCCURRED (Stote) factory, street, office bldg., etc.) Hour a.m. While Not While of work of work 21. I certify that I book charge of the remains described above, held an Autapsy Inquiry X Inspection | and in my apinian death resulted from Natural causes Surcide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE may be re FUNERAL the funeral DEPUTY MEDICAL EXAMINED NAME (Type) 230 BUR AL CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify) Ruriel 24 FUNERAL DIRECTOR VR A15ME (5) 6M 1/67 Laytonsville, Md. Francis H. Barber



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14141 CERTIFICATE OF DEATH and 2 The law requires that the death certificate be executed within 24-bayrs after death after death funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY Montamer MARYLAND ARYLAND WINTGOMERY b. CITY OR TOWN (If outside corporate imits. c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16. write RJRAL and give neprest tawn) ROCKVILLE KEATON d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) STREET ADDRESS e. IS RESIDENCE HOII Range ON A FARM? PANDOLPH HILLS NURSING HOME . West EDMONSTON NO 54 and in any event, within NAME OF Middle 4 DATE Manth lease remave carban First Last Day Year OF DEATH DECEASED 31 1967 LELAND (Type or print) IF UNDER 24 HRS 9. AGE (In years IF UNDER 1 YEAR SEX DATE OF BIRTH 6 COLOR OR RACE 7 MARRIED NEVER MARRIED lost birthday) Dovs Haurs MAY 17, 1879 WIDOWED DIVORCED and 10g USUA: OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Home COUNTRY? physician ren please HOUSEW IF G 13. FATHER'S NAME 14. MOTHER'S MAIDEN burial, crematian, or remayal, Robert Ross Leanor Duby WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Edmonston Dr. (Yes, nator unknown) (If yes give war ar dates of service) Harris D. Leland 084-03-1367-D signed by the c burial-transit pu 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) be retained by the hospital or attending physician. 1530 DUE TO Conditions, if any, which gave (b) wolklasy/mos rise to immediate cause (a), DUF TO stating the underlying cause has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to ARCINOMA WAS AUTOPSY PERFORMED? PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO this certificate 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c, TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fawn) (County) (State) factory, street, affice bldg, etc.) Hour 'o.m. Not While at work al wark TO FUNERAL DIRECTOR: After JUNE 30 , 1967 21. 1 certify that (1) (this haspital) attended the deceased fram. and that death accurred at 7 h M, from causes and an the date stated above saw the deceased alive on 19 220 SIGNATURE DATE SIGNED M.D. DIRECTOR Page 4 may t 22d. ADDRESS 22c. PHYSICIAN'S Benne G. Bendlar NAME (Type) BURIAL, CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify) 2Sa REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATUR Glen Carter VR A15 (4) 25M 1/67 DATENOV 196



11-1	ı	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		14137 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DERY		PLACE OF DEATH COUNTY MONTGOMERY O STATE MARYLAND 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before domission) O STATE MARYLAND O STATE MARYLAND
Cury delay is 2, and 3 ta PM3. Page partment of after death.		c (TY OR TOWN (if autside carparate mits, write RURA, and give nearest town) C TY OR TOWN (if autside carparate mits, write RURA, and give nearest town) C TY OR TOWN (if autside carparate mits, write RURA, and give nearest town)
# T & Q & Y	1	Bethesda Sciver Spring Nursing Home. d Street Address Brannon. Lane of RES DENCE ON A FARM? YES IN NO XI
		NAME OF DECEASED Type or print) Ruth First Middle M. Lingamfelter OF DEATH OCT 11 19 67
with n 24 hours after di pencil in Item 18. Give caminer's Office along w le pages land2 with the nd in any event within	\$:	72 - WIDOWED DIVORCED JON 8-1882 Tost Balbacy) Months Doys Hours Min
th n 24 hours of the n 18 miner's Office of pages land 2 went n any event v	dun	USUAL OCCUPATION (Give kind of work idone inputs of work in the property of working life, even fretired) 10 K ND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY A.
ith n encil i iminer page i n a	13.	FATHER'S NAME Sam Montanye 14 MOTHER'S MAIDEN NAME
executed wit ending" in pe Medical Exar it perm t. File removal, and	15 (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? S, no, or unknown) (If yes give wor or dotes of service) No. Thanks Deceased Ever IN U.S. ARMED FORCES? S, no, or unknown) (If yes give wor or dotes of service) No. Thanks Deceased The Social Security No. The Social Secu
be executed "pending" hief Medical ansit perm t. or removal,		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COSONDEY INSULATION OF A SONSET AND DEATH SONSET AND DEATH.
INER: This cert ficate shauld be executed with n 24 hours after death e certificate, writing the ward "pending" in pencl in Item 18. Give Page shauld be farwarded to the Chief Medical Examiner's Office along winnfiles. 3 should be used as a burial-transit perm t. File pages land 2 with the Stannt, prior to burial, cremation, or removal, and in any event within 72 m		Conditions, if ony, which gove nse to immediate cause (a), stating the underlying cause last OUE TO (b) Cardio Vascular Disease — 42275 OUE TO (c)
cert ficc , writing arwarde used as burial, c	NOI	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED?
	CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o.m. p.m. 19 20d INJURY OCCURRED While of work of twork of two of two ork of two orks orks orks of two orks of two orks of two orks orks orks orks orks orks orks ork
AL EXA execute or. Page of for yau TOR: Page		21. I certify that I taak charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my apinion death resulted from: Natural causes, Accident, Suicide, Hamicide Undetermined manner
O DEPUTY MESTAL EXAM necessary, please execute it the funeral director. Page 45 may be retained for yage OFUNERAL DIRECTOR: Page Health or its designated age		ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
O DEPUTY necessary, the funeral The funeral The funeral The funeral O FUNERAL Health or i		EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) Bethesda, Ind.
TO D nece the 5 m TO Fu		BURIAL (REMATION, REMOVAL (Specify) 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Washington, D. C. (Soote)
VR A15ME (5)	Ŀ	FUNERAL DIRECTOR ADDRESS ADD



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death funeral 1 and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a STATE o. COUNTY and campletely filled, in by the fur remove cafbon papiirs. Pages 1 n any eventh within 72 haurs after olumbia onta. omer MARYLAND stric1 by the Pages (If autside corporate limits, c. LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write-RURAL and give nedgest town) 3 d. NAME OF HOSPITAL OR, INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Potomac 4709 NO [V YES. NAME OF First Middte DATE Last Month Day Year DECEASED es OF. JUNA burial, crematian, ar removal, and in any event 0 24 196/ (Type or print) DEATH IF JNDER 1 YEAR S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 24 HRS 7 MARRIED **NEVER MARRIED** DATE OF BIRTH last birthdov) Months Days Hours WIDOWED DIVORCED pup 100 USUAL OCCUPATION (Give kind of work done 105, KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (Caunty & State, or foreign country) during most of working life, even if retired) the attending physician sit permit. Then please OVIT Economist. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAMI 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. Address 09 (Yes, no, ar unknown) (If yes give war ar dates of service) 919 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gave (b) rise to immediate cause (a), DUE TO stoting the underlying couse be detached for use as the State Dept. af Health priar ta Uremia last. WAS AUTOPSY PERFORMED? has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ligh NO certificate 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Haur a.m. 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or fown) (County) (Stote) MED Not While factory, street, office bldg., etc.) at work at work 2]. I certify that (1) (this haspital) attended the deceased from OCL. 10 -1964 10 West 19 67 that (N. (we) last saw the deceosed alive an 19/6/7, and that death accurred at 12/2 M, fram causes and an the date stated above TO FUNERAL DIRECTOR: 220. SIGNATURE 226 DATE SIGNED AFTENDING STAFF director, page 3 shauld be filed v DIRECTOR. 22d ADDRESS 809 Veirs Mill Road, Rockville, Md. 22c. PHYSICIAN'S O HOSPITAL Dr. Robert C. Macon. NAME (Type) 23d LOCATION (City or Town) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23g BUR AL CREMATION. (County) REMOVAL (Specify) Greenwood Cemetery Brooklyn, N.Y. 10-27-1967 Remova] 24. FUNERAL DIRECTOR ADDRESS Wash D.C 250 PEC D BY REGISTRAR 95 256. RECISTRAR'S SIGNATUR VR A15 (4) 25M 1/67 Joseph Gawler's Sons, Inc. 5130 Wisc. Ave.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14139 CERTIFICATE OF DEATH 14144 24 haurs after death. Qeert. 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH b. COUNTY Montgomery a. COUNTY Montgomery o. STATE Maryland MARYLAND CLENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b CITY OR TOWN (If autside carporate limits, Bethesda (rural) 28 days Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE d. STREET ADDRESS Naval Hospital 9005 Colesville Road NO DE PHYSICIAN: The law requires that the death certificate be executed within 3 NAME OF 4 DATE Middle DECEASED (Type or print) John Joseph LUSBY Oct. 12 19 67 DEATH 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS 6 COLOR OR RACE 8 DATE OF BIRTH 7 MARRIED NEVER MARRIED the attending physician and camp sit permit. Then please remave Hours Male March 4, 1901 Cauc WIDOWED 10a USUAL OCCUPATION (Give kind of work dane during most of warking life, even if retired) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR COUNTRY? Montgomery Co., Md. USA 13. FATHER'S NAME 14. MOTHER S MAIDEN NAME George Lowther Lusby Estella Windham 17. INFORMANT Rd., Silver Spring, Md. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, na, arunknawn) (It yes give war or pates at service Mrs. Florence Lusby Watts, 9005 Colesville 579-18-9773 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
Bronchoneus INTERVAL BETWEEN signed by the buriaf-transit p ONSET AND DEATH Bronchopneumonia. Left Upper Lobe IMMEDIATE CAUSE (a) TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by DUE TO Chronic Lymphocytic leukemia Canditians, if any, which gave) rise to immediate cause (a), DUE TO stating the underlying cause as the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 3 shauld be detached far use with the State Dept. of Health YES X NO 20a ACCIDENT WAS UNDERLYING □ 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, factory, street, affice blda . etc.) Nat While at wark at wark 21. I certify that XI) (this haspital) attended the deceased fram Sept. 14 , 19 67, to Oct. 12 , 19 67, that XIX (we) last saw the deceased alive an Oct. 12 1967, and that death accurred at 145A M, from causes and on the date stated above. 22b. DATE SIGNED 22a SIGNATURE MED. DIRECTOR STAFF PHYS. Oct. 13, 1967 director, page 3 shauld be filed v 22d ADDRESS 22c. PHYSICIANS Naval Hospital, Bethesda, Md. NAME (Type) David L. Foreman 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE THEREOF (State) 23a. BURIAL, CREMATION, (County) 1967 Arlington National Arlington, Virginia TWEET DIRECTOR Warner E. Pumphrey Funeral Home 250. REC'D BY REGISTRAR 25h REGISTRAR & SIGNATURE VR A15 (4) 20 M 1/66 8434 Georgia Ave., Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH





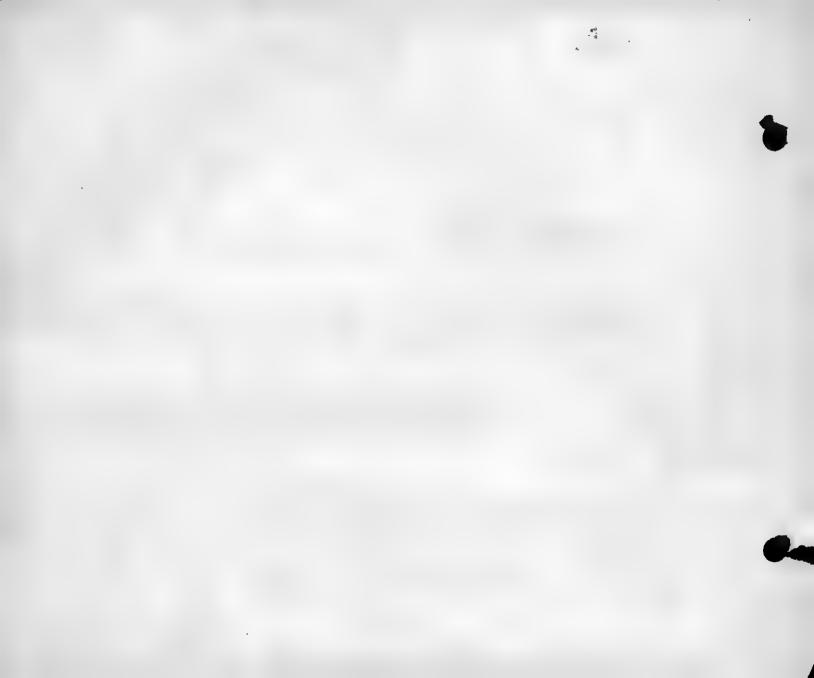
	Items 18&21 Film 395 MARYLAND STATE DEPARTMENT OF HEALTH
1	21-20-67 amb division of vital records, 301 W. Preston Street, Baltimore, Maryland 21201
FOR STATE	1414名 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1414名
EALTH DEPT.	1. PLACE OF OFATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
ay is 3 to Page ant af	O. COUNTY MONTGOMERY MARYLAND MARYLAND O. STATE MARYLAND MONTGOMERY
delay and 3 M3. Pay Traent	b Clif Ox 10WN (10 outside corporate limits, cleMGIR Ox STAY IN 10
1, 2, and 3 to me PM3. Page PM3. Page Department af	TAKOMA PARK DAY SILVER SPRING
form form	
olong with for	WASHINGTON SAN & HOSP. FAIRLAND NURSING HOME YES NOT
olang with	3 NAME OF First Middle Last 4 DATE Month Day year DECEASED (Type or print) CLARENCE LEROY MAISACK DEATH OCT. 21 1967
	S SEX 6 COLOR OR RACE 7 MAPPED W NEVER MARPIES I R OATE OF BRITH 9 AGE (In veors FLNOER LYEAR IF UNDER 24 HR
2 w of h.	MALE WHITE W DOWED OLYORCED JULY 30, 1894 73 yrs Months Days Hours Mir
Jand 2 w	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10 KINO OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 (TRIZEN OF WHAT COUNTRY?
er's O	RETIRED TRACKMAN PRIVATE HTILITY HAGERSTOWN MARYLAND HIS A
xaminer s ile pages haurs afre	
Exan File 2 hat	JACOB F. MAISACK IS WAS DECEASED EVER IN U.S. ARMED FORCES? I 16 SOCIAL SECURITY NO 17 INFORMANT Address
Medical permit. within 72	(Yes, no, or unknown) (If yes give wor or doles of service)
the Chief Medical Examiner's rial-transit permit. File pages iny event within 72 haurs afte	NO 219-51-2258 HOSP, Records IB CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) INTERVAL BETWEEN
unsit ent	PART I DEATH WAS CAUSED BY Acute coronary insufficiency ONSET AND DEATH
urial-transıt any event	4201 DUE TO
burial-transit any event	Cond tions, if ony, which gove nse to immediate couse (a). (b) Coronary artery heart disease
as a b	storing the underlying couse (OUE 10
I> ar	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBITING TO GEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a).
remaval	PREPARATOR OF THE PROPERTY OF
rem	200 EXTERNAL CAUSE WAS 200 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 1 of item 18)
3 shauld han, ar r	
	20c TIME OF IN. JRY Manth, Ooy, Year 20d INJJRY OCCURRED 20e PLACE OF INJJRY (Home, form Hour o.m. 20f (City or town) (County) (State)
Pag	pm 17 of work 🗀 of work
OR:	21. I certify that I gook charge of the remains described above held an Autopsy , Inspection , Inquiry , and in my opini
DIRECTOR	death resulted from Natural causes X Adjident , Suicide , Hamicide , Undetermined manner
DIR 11 to	ACTUAL SIGNATURE ACTUAL ASSISTANT MEDICAL EXAMINER () 22. DATE SIGNE
RAL prior	EXAMINER'S D OFFHIT MEDICAL EXAM NER X 10/21/19/7
D FUNERAL DIRECTOR: Page Hydith prior to burial, cremo	NAME (Type) DEN TEATH (1) Address Chips (Chyproxity) (10)
2	230 BLRIAL CREMATION 23b DATE IMEREOF 23c NAME OF CEMETERY OR (REMATORY 23d LOCATION (City of Town) (County) (Stote) CREMATION 10/24-67 CEDAR HILL CEMETERY WASHINGTON 23. D. C.
20	24 FLINERAL DIRECTOR ADDRESS 250 RECO BY REGISTRAR 25D REGISTRAR 5 SIGNATIONE
0 1	CHARLES M. ROUZER, HAGERSTOWN, MARYLAND DATO CT 3 0 1967 Policy Judge
11 /	



7.	MARYLAND STATE DEPARTMENT OF STATISTICAL RESEARCH AND RECORDS, 301 W. P.		n
	1 / 1 / · · · ·	EATH 1414'2	
1.	PLACE OF DEATH a. COUNTY Montgomery Maryland 2. USUAL 1 a. STAT	RESIDENCE (Where deceased lived, if institution: Residence before D. C. b. COUNTY	e admission)
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR c. CITY OR	TOWN (if outside corporate limits, write RURAL and give ne	arest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not In hospital, give street address) d. STREET		RESIDENCE A FARM?
3.	Carroll Hall Sanitarium 638 NAME OF First Middle Last DECEASED 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4. DATE Month Day	Year Year
5.	(Type or print) SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF E	BIRTH 19. AGE (In years IF UNDER 1 YEAR IF UN	19 6 / DER 24 HRS.
M 10a dur	ale White WIDOWED DIVORCED March LUSUAL DCCUPATION (GIVE kind of work done I 10b. KIND OF BUSINESS OR II. BIRTHI Ing most of working life, even if retired) INDUSTRY	last birthday) Months Days Ho	urs Min.
	FATHER'S NAME	R'S MAIDEN NAME	
15 (Y	WAS DECEASED EVER INU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	e Grimes Ad#2 Tangle I orothy Hoover, Wantagh,LI	
	18. CAUSE OF DEATH LEnter only one cause per Jine for (a), (b), and (c). 1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PRONHRY THROM	INTERVÁL ONSET A	BETWEEN ND DEATH URS
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO CHRONIC MYOCATION CO. C.	RTERIOSCLEROSIS -	-
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE	YES Y	S AUTOPSY FORMED? NO
CERT	20a. ACCIDENT WAS UNDERLYING 7 20b. DESCRIBE HOW TNJURY OCCURRED. (Enter DR CONTRIBUTING 7 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	nature of injury in Part I or Part II of Item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY Hour a.m. 20m. 20m.	(Home, farm, 20f. (City or town) (County) ce bidg., etc.)	(State)
_	21. I certify that (I) (this hespital) attended the deceased from SAN. 2. saw the deceased alive on GETOBER (J. 1967, and that death occu		ated above
	22cPHYSICIAN'S ALLE M.D. ATTENDING PHYS. 22d. AD	B MED. MED. STAFF 10-11-6	/ 7
	NAME (1998)	cheny chose , had,	(C404a)
23:	BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial 23c. NAME OF CEMETERY OR CREMATOR Glenwood Cemeter FUNERAL DIRECTOR ADDRESS	V Washington D	(State)
	J. Wm. Lees Sons; Washington, DC	DATE OCT 16 1967 Milanelas Ju	det.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14143 CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND TOWN (if outside corporate limits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town Bock ville MON THS d. STREET ADDRESS e IS RES DENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) NO V low requires that the death certificate be executed within NAME O Middle Lost Year DECEASED (Type or pnnt) October DEATH IF JNDER I YEAR 8. DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED lost birthday) Months Dovs Hours WIDOWED DIVORCED 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working the, even it retired)
MEDICA! REPRESENT COUNTRY? INDUSTRY Jersel har macisis 13. FATHER S'NAME 34- MOTHER'S MAIDEN NAME removal, ANCUSI 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) . 13568 Crespon Was (If yes a ve war or dates of service) 18' CAUSE OF DEATH (Enter only one couse per line for to), (b), and tel INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse has been PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPS! PERFORMED? YES MO 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 1) of item 18) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year (City or town) (County) (State) Hour 'o.m. factory, street, office bldg., etc.) Not While of work L 21. I certify that (1) (this haspital) attended the deceased fram. ., 19@7that (I) (we) last and that death accurred a GOAM, fram causes and an the date stated above TO FUNERAL DIRECTOR: saw the deceased alive on 770 SIGNATURE 226 DATE SIGNED M.D. DIRECTOR PHYS. PHYS. 22d ADDRESS 22c PHYSICIAN'S O HOSPITAL NAME (Type) 230 BURIAL, CREMATION 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify) Gate of Heaven Silver Spring 24. FUNERAL DIRECTOR 250 REC'D BY REGISTRAR VR A15 (4) 25M 1/67 Funeral Home-1331 Rockville, P



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14149 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) P COUNTY COUNTY MARYLAND rince Geor by the 10 b. CITY OR TOWN (If outside corporate limits, write RURAL and give neglest town). C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rsician and carapletely filled in by the please remaye carapan, pagers. Pagers and in any eyent, within 72 haurs e IS RESIDENCE ON A FARM? NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d SPREET ADDRESS YES NO NAME OF Day Year DECEASED OF 1960 (Type or print) lone. DEATH IF UNDER 24 HRS SEX IF UNDER 1 YEAR 6 COLOR OR RACE DATE OF BIRTH AGE (In years 7 MARRIED NEVER MARRIED last birthaay) Manths Days Hours WIDOWED DIVORCED 10o. US JAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, or foreign country) 32 CIT ZEN OF WHAT during mast of working life, even if retired attending physician sermit. Then please 13 FATHER NAME 14. MOTHER'S MAIDEN NAME O FUNERAL DIRECTOR: After this certificate has been signed by the attending physi director, page 3 shauld be detached for use as the bunal-transit permit. Then pleashould be filed with the State Dept. of Health prior to burial, crematian, ar remayal, 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, np, or unknown) (if yes give war or dates of service) 8845 600 PART I. DEATH WAS ZAUSED BY:

| MMEDIATE CAUSE (0) | INTERVAL BETWEEN ONSET AND DEATH **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital or attending physician. DUE TO Candit ans, if any, which gave rise to immediate cause (o), DUE TO stating the underlying cause WAS AUTOPS PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20a ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part) or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) 20c TIME OF INJRY Month, Day, Year Hour a m factory, street, affice bida, etc.) Not While TO FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram. 1962 7 that (1) (we) last 1967, and that death accurred at 4/5/2M, from causes and on the date stated above saw the deceased alive an_ 22a. SIGNATURE ATTENDING M.D. DIRECTOR 1726110 PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION DATE THEREOF LOCATION (City or Town) (Caunty) 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 25M 1/67 Riverdale, CHAMBERS Md.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14150 14145 CERTIFICATE OF DEATH after deoth PHYSICIAN: The low requires that the death certificate be executed within 211 hours after Lleath 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) 1 PLACE OF DEATH o. COUNTY b. COUNTY _ MOUTADWERY Marvante MONTGOMERY MARYLAND physician and completely fillget mrby the t r TENGTH OF STAY IN 16 b CITY OR TOWN (If nutside cornerate limits c. CITY OR TOWN (If putside corporate limits, write RURAL and give nearest town) write RJRAL and give nearest town) papers Pag CLESY CLESE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Williamic YES NO E buriol, cremotion, or removal, and in any event, with NAME OF DECEASED (Type or print) TNGE Bosco Middle Lost DATE Dov Year the attending physician une corporation of the please remove corban with OF DEATH 6 Mauy 0 19 AGE (In years last burthday) IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH SEX 6, COLOR OR RACE 7 MARRIED NEVER MARRIED Months Doys Hours Franch WH.C WIDOWED DIVORCED une3 12. CITIZEN OF WHAT 10c USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working ite, even if retired) LERMAN 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME Address 3713 Williams LA, Ch Ch. Md 16. SOCIAL SECURITY NO. 17 INFORMANT signed by the attendir buriol-transit permit. (Yes, no, or unknown) (If yes give wor or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: VER Failur IMMEDIATE CAUSE (o) Poge 4 may be retained by the hospital or attending physician. DIJE TO 217425 Conditions, if ony, which gove AF COLON use to immediate couse (a), DUE TO stoting the underlying couse this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? CFRTIFICATION nou & NO YES 200 ACC DENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year Hour o.m factory, street, office bldg, etc.) Not While OR ATTENDING O FUNERAL DIRECTOR: After 1967 ta 018 1961/that (1) (we)-last 21. I certify that (1) (this hospital) attended the deceased from and that death accurred at 5 . M., fram causes and an the date stated above saw the deceased alive an 1016 22b DATE SIGNED 220. SIGNATURE ATTENDING PHYS MED DIRECTOR **ADDRESS** 22c PHYSICIAN'S Wiscousia NAME (Type) 23d LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) BUTTAL Specify) Rock Creek Cemetery Washington, D. C. 10-11-67 2So REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR harlen VR A15 (4) 20 M 1/66 PUMITHREY, Bethesda, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14151 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution, Residence before odmission) Montgomery o. STATE b COUNTY MARYLAND Maryland Prince George
c (ITY OR TOWN (If outside corporate himts, write RJRAL and give nearest fown) b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 Twelle RURAL and the negrest town) 15 days Riverdale
d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) e IS RESIDENCE YES 1 NO 25 Washington Sanitarium and Hospital 4310 Oucensbury requires that the death certificate be executed within NAME OF 4 DATE Yeor Lost DECEASED DEATHOCtober (Type or print) Max **Zohn** Mathews IF UNDER 1 YEAR IF UNDER 24 HR 8 DATE OF BIRTH 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdoy) Months WIDOWED DIVORCED cremation, ar removal, and in any White 3-2-11 Male 12 CIT ZEN OF WHAT 100 USLAL OCCUPATION (G ve kind of work done during most of working life, even if retired) 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) COUNTRY ? attending physicion i ermit. Then please Realestate Salesman Utah 14. MOTHER'S MAIDEN NAME America Margaret Griffiths
17. INFORMANT Thomas Mathews 16 SOCIAL SECURITY NO 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service Patinet's chart 578-28-8494 B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which gove (b) rise to immediate couse (o). DUE TO stating the underlying couse as the 19 WAS AUTOPSY PERFORMED? PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. D SEASE COND T ON GIVEN IN PART 1(a) hos NO X certificote ò 20b DESCRIBE HOW INJURY OCCURRED. (Enter notice of more in Port I or Port II of dem 18) 200 ACCIDENT WAS JINDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED factory, street, office bidg , etc.) Hour o.m. Not While of work of work 21. I certify that (1) (this haspital) attended the deceased fram 10-15 1967, to 10-31 1967, that (1) (we) los O HOSPITAL OR ATTEND Poge 4 moy be retained saw the deceased alive on 10-30 19 67, and that death accurred at 6 % M, from causes and on the date stated above DIRECTOR: 8ct 31,1967. 220 SIGNATURE MED DIRECTOR STAFF PHYS 22d. ADDRESS 22c. PHYSICIAN'S Tokoma Park. Hospital Md. NAME (Type) George M Grames 23d LOCAT ON (City or Town) 23c NAME OF CEMETERY OR EXEMPTORY (County) (State) 230 BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Illinois Maple Grove Cemetery Rarmer City Nov 3, 1967 9 Burial 256 REGISTRAR'S SIGNATURE ADDRESS 25g RECD BY REGISTRAR 24. FUNERAL DIRECTOR Hyattsville, Md. VR A15 (4) F. Gasch's Sons



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1.1152 FOR STATE HEALTH DER 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH O. STATE WEST VIRGINIA a. COUNTY b. COUNTY MONTGOMERY MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b. c CITY OR TOWN (If autside corporate im ts, write RURA, and give nearest town) 2, u. P.M3. DOA LOOKOUT CINEY S RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS MONTGOMERY GENERAL HOSPITAL NO K ě YES 24 haurs after death NAME OF Middle 4 DATE Erst tost Day DECEASED OII DEATH RUSSELL (NMN) MCCLELLAND 10 18 19 with the (Type or print) along 6. COLOR OR RACE B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED ast birthday) Manths 6-2-16 WHITE WIDOWED DIVORCED Office 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired)

CARPENTER COUNTRY? hours ofter BROOKLYN. WEST VIRGINIA USA d "pending" in penal in Chief Medical Examiner's 14 MOTHER'S MAIDEN NAME within 13 FATHER'S NAME ALONZO MCCLELLAND ELLA COPELAND Line IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address 16. SOC AL SECUR TY NO be executed (Yes, na, ar unknown) (If yes give war or dotes of service within MEDICAL RECORD DEPT. 1B. CAUSE OF DEATH (Enter on y one cause per line for (a), (b), end (k) INTERVAL BETWEEN ONSET AND DEATH event PART I DEATH WAS CAUSED BY burial-trans IMMEDIATE CAUSE (o) This certificate should DUE TO Conditions, if any, which gave rise to immediate cause (a), \subseteq DUE TO stating the underlying cause GS 0 19 WAS AUTOPSY PERFORMED? PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO X cert.ficote, 20o EXTERNAL CAUSE WAS 20b DESCR BE HOW INJURY OCCURRED (Enter nature of injury in Part Lar Part Laf Item 1B.) 3 should PRIMARY I or CONTRIBUTING I should CAUSE OF DEATH 20d NJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stole) 20c. TIME OF INJURY Month, Dov. Year Hour a.m. factory, street, office bldg., etc.) Not While 5 moy be retained for yaur O FUNERAL DIRECTOR: Poge at wark at work L please execute 21. I certify that I took charge of the remains described apove, held an Autapsy Inspection X Inquiry and in my apinian death resulted from Natural causes M. Suicide | Hamicide . Undetermined manner the funeral director. Acziden CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Heolth prior BELDEN R. REAP, M. D. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Tawn) (County) (State) 23a BUR AL CREMATION. 23b DATE THEREOF REMOVAL (Specify)
Enicl AL 1967 Memorial 25b REGISTRAR S SIGNATURE ADNERAL DIRECTOR ADDRESS 250 RECD BY REGISTRAR VR A15ME (5) 6M 1/67

of the self that the self to

1 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 111111
The sales	1414S Item #9 Film #G393 11/17 Dh CERTIFICATE OF DEATH
24 hours after death. 29 hours after death. 29 hours after death. 27 hours after death.	1. PLACE OF DEATH O. COUNTY WONT GOMERY MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) 5. COUNTY 5. COUNTY 6. COUNTY 6. COUNTY 7. MARYLAND 7. PLACE OF DEATH O. STATE MARYLAND 7. COUNTY 8. COUNTY 8. COUNTY 9.
by the Pogasi	of CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLARKSBURG CLARKSBURG CLARKSBURG CLARKSBURG CLARKSBURG CLARKSBURG CLARKSBURG
nithin 24 ho in filled in on papers.	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) RTH & Box 129, d STREET ADDRESS ON A FARM? YES IN O BOX
ecuted with completely if ove carbon y event, with	3. NAME OF DECEASED (Type or pnnt) SEX 6. COLOR OR RACE 7. MARRIED NOTER MARRIED TO R. DATE OF RIGHT. 19 AGE (In ors. I FUNDER 1 YEAR LIE UNDER 24 HRS.)
se executed and complet remove car in ony event	MIDOWED DIVORCED 12/25/06 60% Months Days Haurs Min
icate be /sician ar pleose r	100 USUA. OCCUPATION (Give kind of work done during most of working life, even if retired) 100 KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote or foreign co), 12 CITIZEN OF WHAT COUNTRY? 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME
certific g phys Then p	Clarence McDonald Julia Clipper
ne deoth certificate b ottending physician permit. Then pleose ion, or removal, and i	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 16 SOCIAL SECURITY NO 17 INFORMANT NCS. Matilda Address RT & 1 30x 129 NCS. Matilda Address RT & 1 30x 129 CLARKSBURG M
hat the n. yy the onsit p	18 CAUSE OF DEATH (Enter only one couse per time for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) CARDIBC PRREST 4 3 3 0 INTERVAL BETWEEN PRICEST INT
FO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill director, page 3 should be detached for use as the buriol-tronsit permit. Then please remove carpon permit should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within the state Dept.	Conditions, if any, which gove nose to immediate couse (a), stating the underlying couse (b) DUE TO (c) DUE TO (b) Arterioscleratic Carbiovascizian clisease 10 yrs (c)
The lay offend of the offend o	DIRT II OTHER SCHIERANT COMPUTANC CONTRICTION OF THE DIR NOT DELATED TO THE TERMINAL DISTACE COMPUTANCE OF THE THE WAS ALITERSY.
O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be refoined by the haspital or attending D FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	200 ACCIDENT WAS UNDERLYING 200 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port II of item 18) OR CONTRIBUTING 200 CAUSE OF DEATH OR FITHER NOTICE MEDICAL EXAMINED
IG PHY the ho tr this co detach ite Dept	20c TIME OF IN.JRY Month, Doy, Yeor Hour o.m. p.m. 19 of work
TENDIN ined by OR: Afte	21. 1 certify that (I) (this hospital) attended the deceased from 8/10, 1967, ta 10/15, 1967, that (I) (we) last saw the deceased alive an 10/16, 1967, and that death accurred at 8 M, fram causes and on the date stated above.
FO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the	220. SIGNATURE The Corn of Med. MED. STAFF 22b. DATE SIGNED M.D. PHYS DIRECTOR PHYS 10 1967
SPITAL 4 moy IERAL 6 01, pog d be fil	PHYSICIANS NAME (Type) MELUIN JOEL KORDON MD 13 DECY PARK DY, GAITHERSBURG.
TO HOO Poge to Floring directional	230 BUR AL CREMATION, 236 DATE THEREOF, 230 NAME OF CEMETERY OR CREMATORY () 23d ADCATION (City of Town) (County) (State), EMOVAL (Specify), 10/22/67 Sugarland Cem. Sugarland Montg. Md.
VR A15 (4 25M 1/67	Kokert L. Suovolen Tockville, Md. DATE OCT 20 1888 256. RECEPTER SIGNATURE





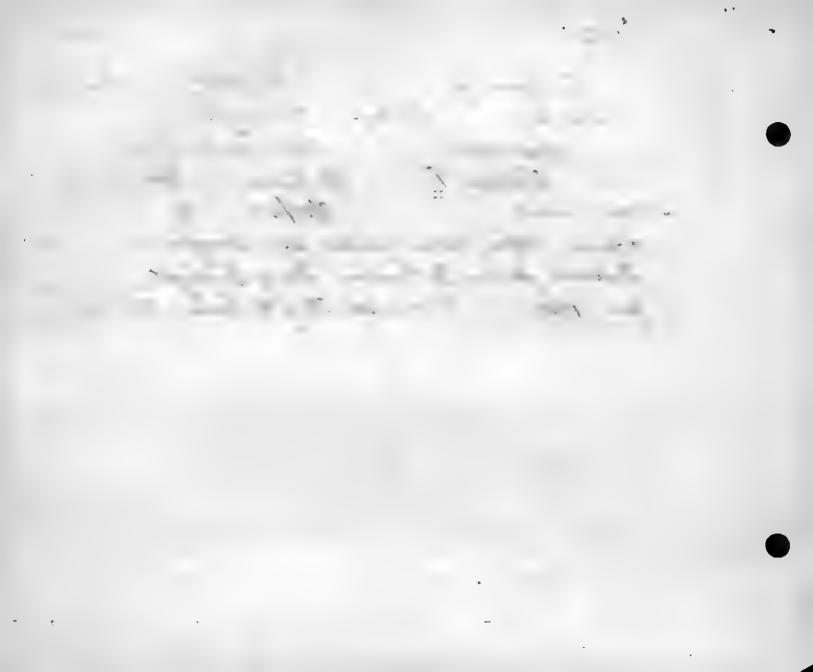
THEORY PROPERTY DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14155 CERTIFICATE OF DEATH death. by the funeral Pages 1 and 2 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a COUNTY MONTGOMERY COUNTY C STATE VIRGINIA **b** COUNTY MARYLAND c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest fawn) c. LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corparate limits, write RURAL and give negrest town) 1 MONTH ANNANDALE Bethesda d. STREET ADDRESS e IS RESIDENCE ON A FAR MO d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 7719 ARLEN STREET Bethesda Naval Hospital 7 NO The law requires that the death certificate be executed within 4. DATE NAME OF Middle Month Day Year Lost DEATH OCTOBER DECEASED MCGLADE 31 67 Martha Lea the attending physician and campleyed sit permit. Then please remove cat b 19 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS S SEX B. DATE OF BIRTH 9. AGE (In years 6 COLOR OR RACE 7 MARRIED NEVER MARRIED last byrthday) Months Days Hours 26 Sept 1926 CAUC. FEMALE WIDOWED DIVORCED 12 CITIZEN OF WHAT COUNTRY? USA 11 BIRTHPLACE (County & State or foreign country) 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY NO NE during most of working life, even if retired)
HOUSEWIFE ORLANDO, FLORIDA 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME or remayal. ALLIE VEAZY RUPERT WILLIS 17 INFORMANT (HUSBAND) IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or doles of service) 16. SOCIAL SECURITY NO Address LAWRENCE MCGLADE. SAME AS crematian, INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) signed by the obviously puring the burial crematrial ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (o). DUE TO stating the underlying couse be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been as the Macaullineme WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) for use be detached far use State Dept. af Health NO X YES 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18) 20g ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour o.m. Not While 21. I certify that (I) (this hospital) attended the deceased from OCT 2, 1967, 19 to OCT 31 1907 . that 41) (we) last saw the deceosed glive on 31 OCTOBER 1967, and that death occurred of 1:50AM, from causes and on the date stated above. 22b. DATE SIGNED 22g. SIGNATURE ATTENDING MED. DIRECTOR OCT 31. PHYS. director, page 3 should be filed a S. CRUMMY, M.D. 22d. 22c. PHYSICIAN'S Charles HOSPITAL, BETHESDA, MD. NAME (Type) 230. BURIAL, CREMATION 23b. DATE JHEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) BOMOYAL (Specify) ARLINGTON NATIONAL CEM. ARLINGTON. VIRGINIA **ADDRESS** 24. FUNERAL DIRECTOR ARLINGTON FUNERAL HOME 3901 FAIRFAX DR. VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 14156 CERTIFICATE OF DEATH 12151 PLACE OF DEATH 24 hours after deal 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b COUNTMONTGOMERY o. COUNTY Montgomery Marvland MARYLAND b. CITY OR TOWN (If outside corporate I mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give nearest town). 3 hours Ashton filleding d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS **Bapers**. IS RESIDENCE ON A FARM? Montgomery General Hospital 18820 New Hampshire Ave. YES OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 3. NAME OF Middle DATE Doy Year DECEASED (Type or print) OF DEATH John Arthur McGrath October 19 67 10 COL S. SEX 6 COLOR OR RACE IF UNDER 1 YEAR B DATE OF BIRTH AGE (In years IF UNDER 24 HRS 7 MARRIED **NEVER MARRIED** last birthdoy) Months Doys Hours White Dec. 5, 1919 Male WIDOWED DIVORCED 100 LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Minnesota Lawver Lawver 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaya Thomas McGrath Lucy Kelly 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, prunknown) (If yes give wor or dotes of service Medical Records 36-10-1769 Yes crematian, CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
 PART I DEATH WAS CAUSED BY INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. DUF TO Conditions, if any, which gave rise to immediate couse (a). DUE TO far use as the Health priar tak stoling the underlying couse this certificate has been months WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) ancreat YES 🔯 NO 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CI CAUSE OF DEATH etached 1 Dept. af (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF NURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (Cry or town) (County) (Stote) Hour 'o m. foctory, street, office bldg., etc.) ot work ot work 21. I certify that (I) (this haspital) attended the deceased from , that (I) (we) last 19.67, and that death accurred at 655 RM, from causes and on the date stated above saw the deceased alive an_ 10 FUNERAL DIRECTEM 220 SIGNATURE 22b. DATE SIGNED. MED DIRECTOR director, page 3 shauld be filed v M.D 10 22c PHYSICIAN'S Old Baltimore Road, Olney, Md. NAME (Type) Rich ard A. Tates, M.D. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Burial (Specify) Gare of heaven Jem. 0 Silver Spring, Maryland 24. FUNERAL DIRECTOR 250 REC'D BY REGISTRAR VR A15 (4) MPHPEY, Bethosda, Maryland 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 13152 141552 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY 5. COUNTY MARYLAND b. CITY OR TOWN III outside corpu c LENGTH OF STAY IN 15 Woutside carparate limits, write RURAL and give penest tawn INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO -NAME OF Middle DATE Day Year DECEASED OF DEATH LDO Type or pant) 1F UNDER IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED AGE (In years YEAR lost birthday) Months Hours Doys WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? alleson or removal, 17. INFORMANT (If yes gave wor or dates of service) CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) ONSET AND DEATH 16/X DUE TO signed 1 Conditions, if any, which gave nse to immed ate couse (a), DUF TO ed far use as the b stating the underlying couse last. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? has NO certificate 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 1 of item 18) 20o ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF IN. JRY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form 20f. (City or town) ((ounty) (Stote) Hour om factory, street, office bldg., etc.) Not While at work ot work 21. I certify that (1) (this haspital) attended the deceased from 1/5/6 ., 19_6>that (I) (we) last to 10/19 1967, and that death accurred at 845PM, from causes and an the date stated above saw the deceased alive an_ O FUNERAL DIRECTOR: 220 SIGNATURE 226 DATE SIGNED ATTENDING director, page 3 shauld be filed v DIRECTOR PHYS 22d ADDRESS 22c. PHYSICIAN'S D HOSPITAL Patrick Jameson NAME (Type) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION 23d LOCATION (City or Town) (State) Burial (Specify) Silver Spring. Md. Gate of Heaven Cemetery, 10-24-67 PUMPHREY, Bethesda, Maryland 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 196



. 1	١.	MARYLAND STATE DEPARTMENT OF HEALTH & in the	er e for t
-		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Them #2a,c & d Ficertificate Of Death	14158
24 hours after death ed in by the foregat ppers. Pages and 72 hours after death		PLACE OF DEATH o. COUNTY ONTO MERY MARYLAND 7 USUAL RESIDENCE (Where deceosed lived, if institution Res o STATE Va. b. COUNTY	. /
hours aft in by the rs. Pages ? haurs of		b CITY OR TOWN (If outside apporate limits, write RURAL and give neorest town) Letter of the component of t	4
	Δ	ENSINGTON GARDENS SANITARIUM 1718 Kimbro Loop C-1	ON A FARM? YES NO
ted with		NAME OF DECEASED (1) First / F	29 fg 7 DER I YEAR IF UNDER 24 HRS
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that th an. by the ransit p		18 CAUSE OF DEATH (Enter on y one couse per limb for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PAGE LEGGERGE COLUMN TO THE COURSE OF THE COLUMN TO THE COLUM	INTERVAL BETWEEN ONSET AND DEATH
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The law re attending has been se as the th priar ta t		stoting the underlying couse (c) Coloxia _ Coloxia are St. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)	?
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PHYSICIAN: he haspital ar this certificate letached for us 3 Dept. af Healt		OR CONTRIBUTING □ CAUSE OF DEATH (IF FITHER, NOT FY MEDICAL EXAMINER)	(County) (State)
DING PHYSICIAN by the haspital frer this certifice be detached far State Dept. af He	MEDICAL	Hour o.m. Whee Not While foctory street, office bidg, etc.)	
TO HOSPITAL OR ATTENDING Page 4 may be retained by to FUNERAL DIRECTOR: After directar, page 3 shauld be a shauld be filed with the State		sow the deceased give an 10/27 1967, and that death accurred at 7:30 M, from couses and or	9 <u>6</u> 1, that (I) (we) lost the date stated above.
L OR A DIRECTOR A STREET OF A		M.D. ATTENDING MED DIRECTOR DIRECTOR PHYS D	10/29/67
ro Hospitat Page 4 may O FUNERAL I directar, pag shavid be fil	236	BURIA) (REMATION, 23b DATE THEREOF 236, NAME OF CEMETERY OR CREMATORY . 23b LOGATION (City or Town)	(County) (Stole)
====	L	REMOVAL (Specify) Not 3/967 Willington national Dort Micyan, FUNERAL DIRECTOR ADDRESS 399 P. S. 250. REC'D BY REGISTRAR & REGISTRAR	L'aginin-
VR A15 (4) 25M 1/67	ć	Frezieir Juneral Horas Inc. avx. niv DATNOV 6 1967 golis	vlas Judge



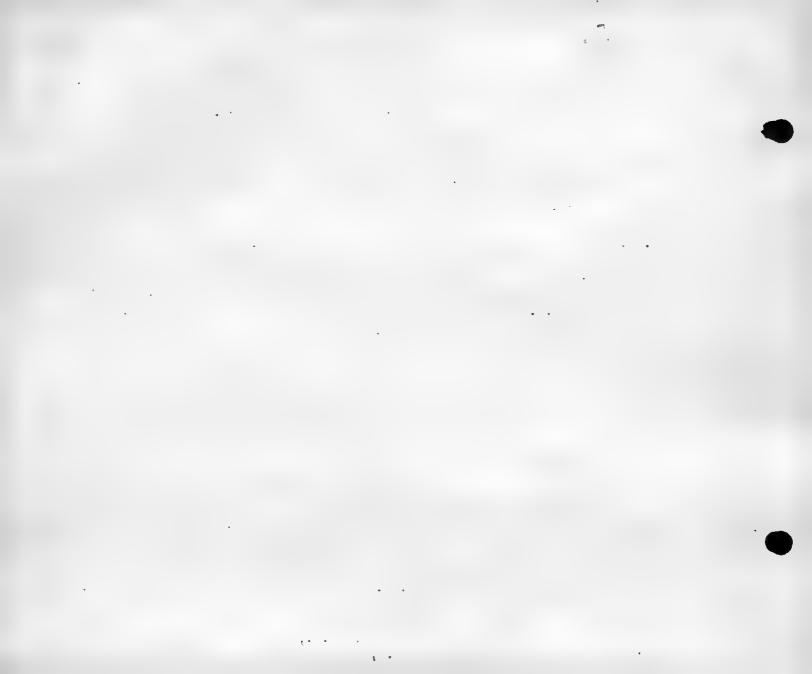
-5	MARYLAND STATE DEPARTMENT OF HEALTH GOG DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		14159
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1-1/2-1-7
HEALTH DEPT.	1. PLACE OF DEATH o. COUNTY MARYLAND 2 USUAL RESIDENCE (Where deceased lived, 't institution Reside to County) MARYLAND MARYLAND A COUNTY MARYLAND	nce before admission)
a de	b CITY OR TOWN of outside corporate limits, write RURAL and grow RURAL and give nearest town.	re neorest town)
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d wr in pe Exa File 72 ho	IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 12 INFORMANT Address	Co. 111100
e should be executed within 24 hours ofte the word "pending" in pencil in Item 18 Gi to the Chief Medical Examiner's Office oloni bunal-transit permit. File pages land 2 with in any event within 72 hours ofter death.	(Yes op grupknown) Hopes give me or dotes af service) 214-16-1275 Ceannell, Machaery	abore
be execute "pending" nef Medica nisit permit	18 CAUSE OF DEATH (Enter only one cods per ne for (o), (b), and (c))	INTERVAL BETWEEN
should be en the word "per or the Chief I burnal-transit any event or any event or the should be	PART I DEATH WAS CAUSED BY Coronan Insufficency Chrantel	S'ONSET AND DEATH
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MELLICAL EXAMINER: lease execute the certificated for your files DIRECTOR: Page 3 should to burial, cremotion, or	21. I certify that a took charge of the remains described above, held on Autopsy [], Inspection [], Inquiry [],	and in my opinion
JIY MELICAL IY, please exected alrector Properties of the properties of the properties of the price of the p	death resulted from: Natural causes 🔀, Accident 🗌, Suicide 🗍, Homicide 🗍, Undetermined monner 🗍	
MEDIC please e director etained DIRECT to bur	ACTUAL OF B B-00 CHIEF MEDICAL EXAMINER [22. DATE SIGNED
	SIGNATURE M.D ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 10/17/	1 7
O DEPUTY MEDICAL EXAM necessary, please execute the funeral alrector Page 4 5 may be retained for your O FUNERAL DIRECTOR: Page Hea th prior to burial, cremo	NAME (Type) John G. Ball, M.D. Address (Street, city, town, or county)	-/-
ro DEPt necessa the fun 5 may 10 FUNE Hea th	230 BURIA_ (REMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town)	(Caunty) (State)
E	Burisi' Oct.21,1967 Damascus Meth. Damascus, Md.	
VR A15ME (5)	24 FUNERAL DIRECTOR Olin L. Molesworth, Damascus, Md. 250. REC'D BY REGISTRAR 25b REGISTRAR'S	SIGNATURE
6M 1/67	DATE DCT 23 1967 Miles	La Jubar



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14180 CERTIFICATE OF DEATH 72755 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. STATE Maryland a. COUNTY b. COUNTY Montgomery Montgomerv MARYLAND b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Bethesda Rural c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. JENGTH OF STAY IN 16 2 Daws Rockville d. STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Naval Hospital 10500 Rockville Pike YES NO X 3 NAME OF Middle DATE carbon First Month Day Year Last DECEASED MERRIAM 1967 Kenmore E. Oct DEATH (Type or print) The law requires that the death certificate be executed IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years S SEX 6 COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED the attending pllysician and tamp sit permit. Then please remave lost birthdoy) Months Hours Male Cauc WIDOWED DIVORCED Feb 1, 1903 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 1). BIRTHPLACE (County & State, or foreign country) COUNTRY? during most at working life, even if retired) Forces Baltimore, Maryland 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Robert Merriam FLORENCE MILLER WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO 10500 Rockville Pike. (Yes, na, or unknown) (If yes give wor or dates af service) 561 54 9596 Mary Merriam Rockville Md. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c) buriol-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY Myocardial infarction IMMEDIATE CAUSE (o) DUE TO Canditions, if ony, which gave rise to immediate cause (a). DUE TO Page 4 may be retained by the haspital or attending in Page 4 may be retained by the haspital or attending in TO FUNERAL DIRECTOR: After this certificate has been directar, Tage 3 should be detached far use as the land to stating the underlying cause PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES TY NO 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of item 18.) 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED foctory, street, affice blda., etc.) 21 I certify that N) (this haspital) attended the deceased from 16 Oct., 19 67, ta 18 Oct., 19 67 that N) (we) last saw the deceased alive an 18 Oct., 19 67, and that death accurred at 8.12 M, from causes and an the date stated above. __, 19_67, ta__18_Oct___, 19_67 that M) (we) last 220. SIGNATURE 22b. DATE SIGNED STAFF PHYS. ¥ 20 October 1967 M.D DIRECTOR 22d ADDRESS 22c. PHYSICIAN NAME (Type Kinhev Naval Hospital Bethesda Md Robert M. D 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 23o. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF (County) Arlington National Arlington Va. Burisi 10/23/67 25b REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 5130 Wisconsin Ave., N.W., VR A15 (4) Jos. Gawler & Sons 20 M 1/66

Washington, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH

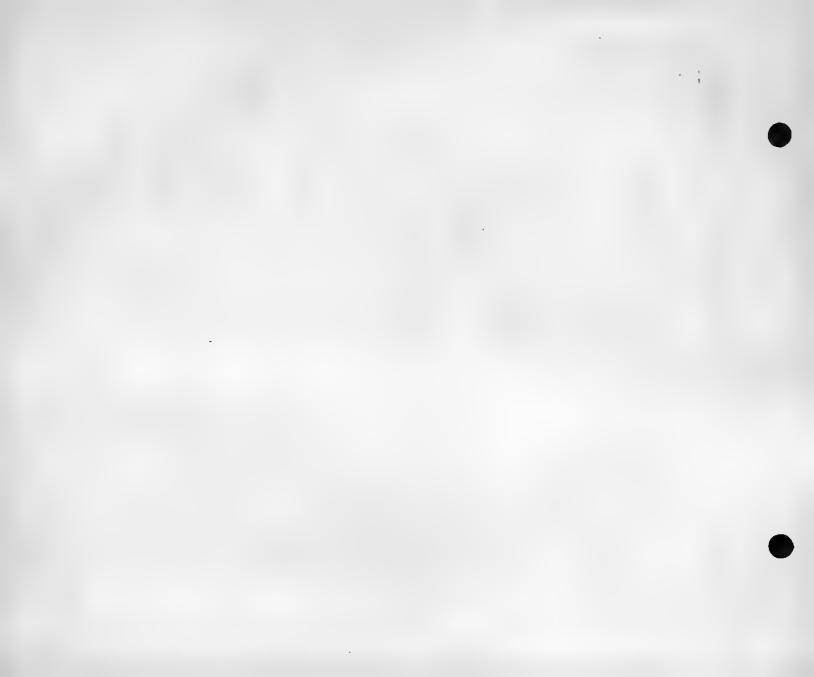


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.MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14158 14164 CERTIFICATE OF DEATH n'24 haurs after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o COUNTY o STATE **b** COUNTY CNTGODETE b CITY OR TOWN (if outside corporate limits C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d NAME OF HOSPITAL OR INSTITUTION, (If not in hospital, give street oddress) d. STREET ADDRESS 8 IS RESIDENCE ON A FARM? 8508 and ramplately filled YES. NO NAME OF First Middle DATE Month Year DECEASED OF DEATH 19 6 COL (Type or print) IF UNDER 1 YEAR OR ATTENDING PHYSICIAN: The law requires that the death certificate be execute 6. COLOR OR RACE AGE (In years IF JNDER 24 HRS 7 MARRIED NEVER MARRIED birthday) Months Hours WIDOWED DIVORCED Do. USJAL OCCUPATION (Give kind of work done 1Db KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote or foreign country) 12 CIT ZEN OF WHAT during most of working life, even it retired COUNTRY? signed by the attending physician burial-trans? permit Then pleas 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remayal, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or dates of service) 5 09538 0626 burial, crematian, 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH Coronary IMMEDIATE CAUSE (o) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be refained by the haspital ar attending physician. DUE TO anteno- Scherotic Heart Dispore. Conditions, if only, which gove rise to immediate cause (o), DUE TO stoting the underlying couse this certificate has been as the State Dept. af Health prior ta lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY PERFORMED? 9-28-67. Ze 6.7 HUDERUS FRACTU NO far 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 1s of item 18) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF E THER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Day, Year (City or town) 2Dd INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (County) Hour om foctory, street, office bldg, etc.) Not While at work TO FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram. 7, 196 / that (I) (we) lost 2, and that death accurred at 950 AM, from causes and on the date stated above. saw the deceased glive on OCT 196 220 SIGNATURE 22b DATE 5 GNED ATTENDING PHY5 director, page 3 shauld be filed v 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) Robert Kramer 230 BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (Stote) PREMOVAL Specify) Maguaga Hawthorne. Oct.11,1967 Gate of Heaven N.Y. G4 FUNERE BIRFURETEET C SENCESSE ADDRESS 434-GA AVE 250. REC'D BY REGISTRAR 25b REGISTRAR 5 SIGNATURE VR A15 (4) Silver Spring. Md Warner E. Pumphrey.Inc. 25M 1/67



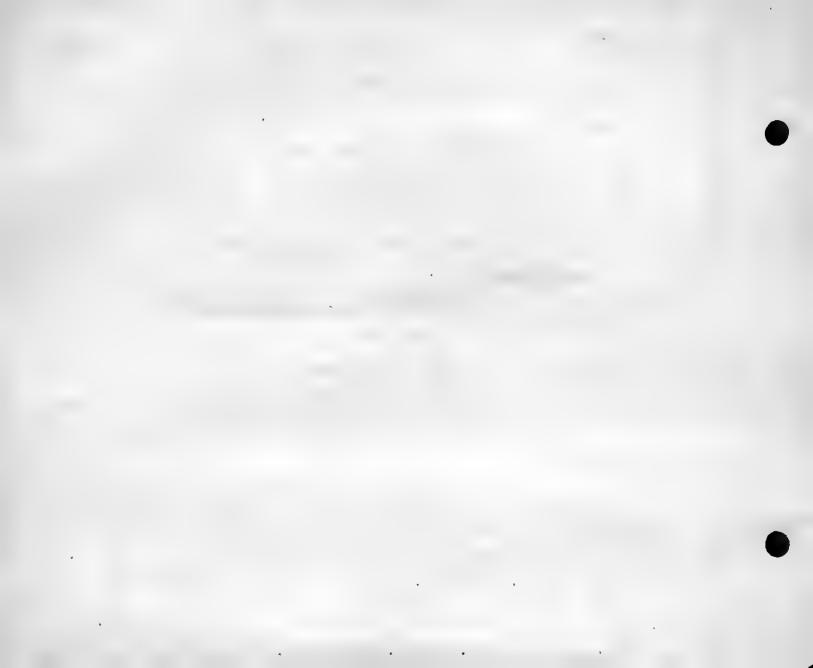
	_		MARYLAND STATE DEPARTMENT OF HEALTH
1	1		DIVISION OF VITAL RECORDS, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	2		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1-1163 CERTIFICATE OF DEATH
7	funerol J	1	PLACE OF DEATH a. COUNTY b. CITY OR TOWN (If autside carporate limits, c. LENGTH OF STAY IN 1b 2. USUAL RESIDENCE (Where deceased lived, if instribution Residence before admission) a STATE Plantage b COUNTY b COUNTY c. CITY OR TOWN (If autside carporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
	by the Page		Silver Soring 2+ yrs. Allow Byring Kensington
	Fiffed in 74 h		Althea Woodland NSg. Vione 1000 Dakeview Dr. 11900/ Safeview Drive Lane YES INO K
	id with	3	NAME OF First Middle Last 4. DATE Month Doy Year DECEASED (Type or print) Florence M. Morrow DEATH 10 14 1967
	executed was completed remove corp		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years last birthday) Anothis Days Haurs Min
	ite be e: ian ond sose rer	10 di	a JSUAL OCCUPATION (Give kind of work done ring most of working life, even it retired) 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 (TI.ZEN OF WHAT COUNTRY? HS A
	certifica g physic hen ple noval, c		Jacob Morning Star Catherine Stra horn
	deoth ttending smit. I	1	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 100 16 SOCIAL SECURITY NO 17 INFORMANT Address (es, no, or unknown) (If yes give war or dates of service) Beverly Greatly Houston for TK. PK.
	OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deal be retained by the hospital ar attending physician. DIRECTOR: After this certificate has been signed by the ottending physician and completer filled in by the funeral per 3 should be detached for use as the buriol-transit permit. Then please remove corpan agrees. Pages a good ed with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, within 77 hours are the state.		18. CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) ONSET AND DEATH Conditions, if any, which gave rise to immediate couse (a), stoting the underlying couse (b) DUE TO (c)
	The lar attence hos boxe as alth prio	MITON	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital ar attending to FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	I CERTIFICATION	(II control to the property continues)
	NG PHY The harmonic this of detacle ate Dep	MFD CAI	Haur a.m. p.m. 19 While at wark at wark factory, street, affice bldg., etc.)
	ined by OR: Aft		21. I certify that (I) (this hospital) attended the deceased fram 1967, to 1963, to 1967, that (I) (we) losaw the deceased alive on 10-13 1967, and that death occurred of 1968. It is not stated obout the deceased alive on 10-13 1967, and that death occurred of 1968.
	OR AI be reto DIRECT Be 3 sh led with		220. SIGNATURE Serveral a Difference M.D. ATTENDING MED. DIRECTOR STAFF 10-14-67 220. PHYSICIAN'S 221. ADDRESS 222. ADDRESS 223. ADDRESS 224. ADDRESS 226. ADDRES
	SPITAL 4 may IERAL or, pog d be fu		NAME (Type) DEPINARD A 1-172GERALD 217UNIO: BLUDE SIL SO MA
	Foge 4 may be full beauty beau	2	30 BUR.AL, CREMATON, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) Cremation 10/16/67 Lees Crematory Washington D.C.
	VR A15 (4) 25M 1/67		J. Wm. Lees Sons, 300 4th St.NE, Wash. DG OCT 17 1967



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14150 14165 by the funeral rs Pages 1 and 1 hours after death death hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) b. COUNTY Washington n. COUNTY Montgomery MARYLAND Maryland b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) write RURAL and give nearest town)

Bethesda 22 days Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RES DENCE ON A FARM? popper FIFT 72 PHYSICIAN: The law requires that the death certificate be executed with 1224 Per WITH The Clinical Center. Bethesda. Route #3 YES NO X NAME OF Last 4 DATE Month campletely DECEASED OF. event, (Type or print) Mullendore 200 Donald Bennett DEATH October SEX 6. COLOR OR RACE B. DATE OF BIRTH 9 AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lost birthday) Months Days Hours and in ony 27 October 1898 Male White WIDOWED DIVORCED ond 10a USUAL OCCUPATION (Give kind of work done 1Db KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CFT ZEN OF WHAT physicion on the please during most of working life, even if retired) Manufacturing COUNTRYSA Maryland Accountant 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME or removol, Edward C. Mullendore Laura B. Lewis 17 INFORMANT The Medical Recordiess IS WAS DECEASED EVER IN U.S ARMED FORCES? IS WAS DECEASED EVER IN U.S ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no. or unknown) (If yes give war or dates of service) 214-09-0122 Not available The Clinical Center, Bethesda, Maryland cremotion, 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:

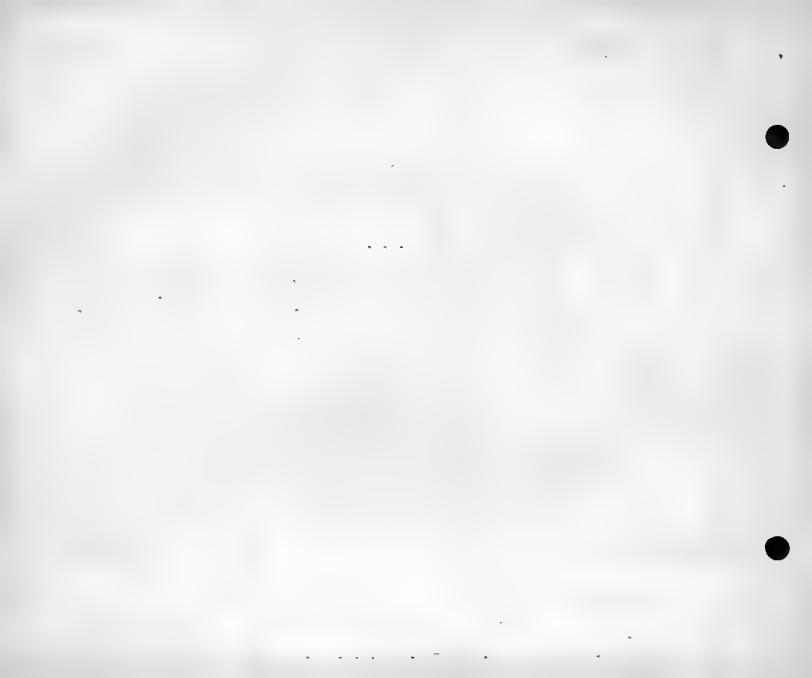
Dial monary INTERVAL BETWEEN signed by the buriol-tronsit p burial, cremotia ONSET AND DEATH WEEKS Pulmonary Embolus IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove Stem cell lymphoma 6 months rise to immed ofe couse (a). DUE TO TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been in the following the page of the p stating the underlying cause os the prior to Chronic lymphocytic leukemia vears PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPS PERFORMED? director, page 3 should be detached for use should be filed with the State Dept. of Health YES X NO 20g ACCIDENT WAS JNDFRLYING € 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Day, Year 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Hame, form, (City or town) (County) (State) factory, street, office bldg., etc.) Nat While at work at work 21. I certify that (A) (this haspital) attended the deceased fram Sept. 23, 1967, ta Oct. 15, 1967, that (A) (we) last saw the deceased alive an Oct. 15, 1967, and that death accurred at 7:40 M, fram causes and an the date stated above. 22g SIGNATURE 22b. DATE SIGNED STAFF PHYS. [X] 16 Oct. 1967 M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN S The Clinical Center, National Paul P. Carbone, M.D. NAME (Type) Institutes Health, of Bethesda. Md. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23¢ BUR AL CREMATION, 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 10- 18- 67 Rose Hill Cemetery Hagerstown, Md. 24. FUNERAL DIRECTOR - -25b REGISTRAR S SIGNATURE REC'D BY REGISTRAP VR A15 (4) 25M 1/67 John H. Bast, Jr. 112 N. Main St. Boonsboro, Md DAIE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14161 CERTIFICATE OF DEATH 14166 The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, of institution, Residence before admission) o_COUNTY MARYLAND CITY OR TOWN C LENGTH OF STAY IN 16 if outside corporate c CITY OR TOWN of outside corporate limits, write RURAL and give nearest town te2RURK and give negrest fown HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e IS RES DENCE ON A FARM? D L YES NO 3 NAME OF Middle DATE Doy Year DECEASED carb Type or print) DEATH 6 COLOR OR 7. MARRIED DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR NEVER MARRIED lost birthdoy) Months Dovs Hours WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT physician c ien please during most of working life, even if retired) INDUSTRY e.c. Ried 13 FATHER'S NAME MOTHER'S MAIDEN NAM remavai, WAS DECEASED EVER UPO S ARMED FORCES? s_no, or unknown) (If yes_arve_)wor or dates of service) INFORMANT (Yes_no, or unknown) F cremation, IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b),
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave a rise to immediate couse (a). DUE TO stating the underlying couse last. has PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPS PERFORMED? NO this certificate 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of tem 18) OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (County) (Stote) Hour am foctory, street, office bldg , etc.) ot work 21. I certify that (1) (this hospital) attended the deceased from S be retained TO FUNERAL DIRECTOR: saw the deceased alive an and that death accurred at 1030 M, from causes and an the date stated above 220. SIGNATURE, 22b DATE SIGNED ATTENDING MED DIRECTOR director, page 3 shauld be filed v PHYS PHYS 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) 230 BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVA. (Specify) Cedar Hill Cemeterv Suitland. Maryland 25b REGISTRAR'S SIGNATURE **ADDRESS** 25o. REC'D BY REGISTRAR RAL DIRECTOR 1967 51-Good Hope Rd SE Walk DC



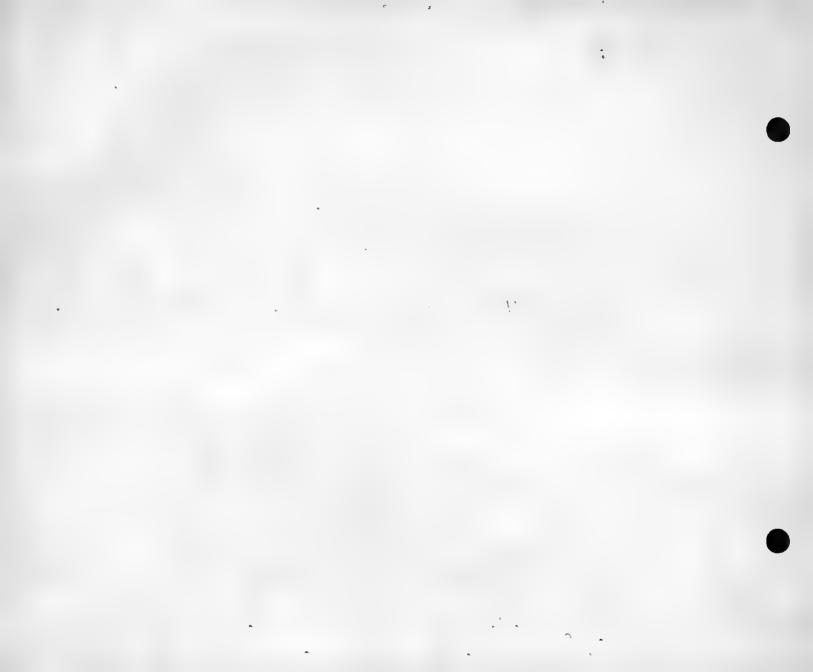
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #4 Film 14167 24 haurs after death in by the funeral and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) a. COUNTY a. STATE b. COUNTY ician and completely filled in by the fur lease remave tarban papers. Pages 1 and in any event, within 72 Lours after MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If auxide corporate lim, c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest fawn) write RURAL and give negress town) e IS RESIDENC d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address ON A FARM YES NO X requires that the death certificate be executed within NAME OF 4. DATE Lost Day Year DECEASED OF DEATH 196 Type or print) 6, COLOR QB RACE B. DATE OF BIRTH IF UNDER 1 YEAR 7. MARRIED **NEVER MARRIED** last birthday) Months Days WIDOWED 10b. KIND OF BUSINESS OR 1. BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT physician a during most of working life even if retired) **INDUSTRY** 13. FATHER'S NAME 14. MOTBER'S MAIDEN NAME burial-transit permit. Then pl burial, cremation, or remaval, signed by the attending phy WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or wiknown) (Wyes gave was or dates of service CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: 20 Critian IMMEDIATE CAUSE (o) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. DUE TO nictestoses 4 485 Conditions, if ony, which gave rise ta immediate cause (a). DUE TO stating the underlying couse After this certificate has been be detached for use as the State Dept. af Health priar ta last. WAS AUTOPS)
PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of Item 18) 20o. ACCIDENT WAS JNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e, PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or fown) (County) (State) Hour 'a.m. Nat While factory, street, affice bldg., etc.) at wark TO FUNERAL DIRECTOR: After fram June, 1967, to Oct. 15, 1967, that (1) (we) last and that death accurred at 91301. M, fram causes and an the date stated above. 21. I certify that (I) (this haspital) attended the deceased from June saw the deceased alive an 2007 1967, and that death director, page 3 shauld shauld be filed with the saw the deceased alive on, CE8 18 22b DATE SIGNED 22 CL SIGNA OR 10/19/67 PHYS DIRECTOR PHYS M.D. 22d, ADDRESS Manu'n Schmiet NAME (Type) 911 23d. ¿OCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) DATE THEREOF Muntitapil'o DATE



MARYLAND STATE DEPARTMENT OF HEALTH 14164 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21207 14169 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY MARYLAND r LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) (If outside corporate limits write RURAL and give negrest town WERS BURG d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital give street oddress) d STREET ADDRESS ON A FARM YES NO X 3 NAME OF Middle Month First Lost DATE Day Year OF DECEASED completel (Type or print) DEATH 200 and in ony event AGE (In years IF UNDER I YEAR IF UNDER 24 HRS S. SEX B DATE OF BIRTH 6 COLOR OR RACE 7 MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even it retired) INDUSTRY physicion MIA5.5 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME cremotion, or removal, Address 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the buriof-tronsit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) 60111 DUE TO buriol Conditions, if only, which gove (b) rise to immediate couse (a). DUE TO stoting the underlying couse Poge 4 may be retained by the hospital or attending os the prior to WAS AUTOPS PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OF IVEN IN PART 1(0) has YES [NO ficate 1 PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 2Do ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAM NER (City or town) (County) (Stote) 2Dc. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Not While foctory, street, office bldg., etc.) OR ATTENDING of work of work 21. 1 certify that (1) (this hospital) attended the deceased from ∠, that (1) (we) lost 8/19 6), and that death occurred at 7/30 PM, from couses and on the date stated above DIRECTOR saw the deceased olive on 22b. DATE SIGNED 22o. SIGNATURE PHYS DIRECTOR filed 22th ADD RESS 22c. PHYSICIAN'S FUNERAL NAME (Type) director, should be 23 NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION 23b DAJE THEREO! (County) (Stote) 256 REGISTRAR'S SIGNATURE 2So REC'D BY REGISTRAR ADDRESS VR A15 (4) Gaithersburg. Md. 25M 1/67



1 1	Items 18&21 Film 395 MARYLAND STATE DEPARTMENT OF HEALTH 12-15-67 ams Division of Vital Records, 301 W. Preston Street, Baltimore, Maryland 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1-PLACE OF DEATH a COUNTY Montgomery MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) b COUNTY Montgomery
2, and 3 to PM3. Page	b CITY OR TOWN (if autside disporate limits, c LENGTH OF STAY IN 1b c CITY OR TOWN (if autside corporate limits, write RURAL and g variedrest town) Takorna fark d NAME OF HOSPITAL OR INSTITUTION (if not in hosp tol, give street oddress) d STREET ADDRESS e IS RESIDENCE
= 7 = 2	Wash San + Hasp 9101 Providence are YES NO 13 NAME OF 1 STITEST MIGHTER BOY YES
	(Type or print) John Charles Morman DEATH 10 29 1967
within 24 hours after de pencil in Item 18 Give i caminer's Office along a le pages Land 2 with the hours after death.	MIDOWED DIVORCED 4-8-20 Iost byrthday) Months Doys Hours Min.
1 24 ho I in Iter er's Off ges I an after d	Oo USLAL OCCUPATION (Give kind of work dane during mast of working I te, even if ret ged) 10b KIND OF BLSTNESS OR INDUSTRY INDUSTRY Self employed Penna. 12 CITIZEN OF WHAT COUNTRY?
be executed within "pending" in pencil in gencil in gencil and Medicol Examine insit permit. File pageent within 72 hours of	13 FATHER'S NAME Charles John Morman 14. MOTHER'S MAIDEN NAME Surang 15 WAS DECEASED EVER IN U. S. APAGED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT 9110 Page 15 idence Abe
xecuted withding in permedical Example permit. File within 72 hote	No Kix YEEX "WXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
should be executed within ne ward "pending" in pendict to the Chief Medicol Examination burial-tronsit permit. File pagan only event within 72 hours	IB CAUSE OF DEATH (Enter only one couse per line for (o). (b), and (c)) PART I DEATH WAS (AUSED BY Acute coronary insufficiency accompanied ONSET AND DEATH 43 4.3 DUE TO
d the debut of the	Conditions, if only which gave inse to immediate cause (a), sloting the underlying cause DUE TO
This certifica tate, writing be forwarded be used as remova, and	PART II. OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (10) 19 WAS AUTOPSY
#= 2 -	200 EXTERNAL CAUSE WAS 200 DESCR BE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) FRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH
MIN the 4 sh 4 sh rr fill rr fill rotto	20c T ME OF INJURY Month, Doy Year Hour a.m. pm. 19 20d N.LRY OCCURRED 20e P.ACE OF INJURY (Hame form, foctory, street, affice bldg., etc.) foctory, street, affice bldg., etc.)
se execute ctor Poge ned for you ECTOR: Page bund, crem	21. I certify that I taok charge of the remains described above held an Autapsy . Inspection . Inquiry and in my opinic deoth resulted from: Natural causes . Acagent . Suicide . Homicide . Undetermined manner .
	ACTUAL SIGNATURE OF CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER (1) 22. DATE SIGNED
for the	EXAMINER'S BELDEN R. REAPH, D. AGERS (FIRST SECONTY) 10/29/1967
the of Heol	230 BURIA, CREMATION 23b DATE THEREOF 23c NAME OF CEMETER OR (REMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Nov. 1. 1967 Arlington National Cem. Arlington Virginia
VR A15ME (5) 6M 1/67	Warner E. Pumptrey, Inc. Silver Spring, Md. DATE NOV 1 1961 Gliarles yillige



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14165 14170 CERTIFICATE OF DEATH The law requires that the death tertificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased fixed, if institution, Residence before admission) o. COUNTY MARYLAND (If aufside carparate limits, CLENGTH OF STAY IN 1h DETHESDA e IS RES DENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS HOSPITAL NO X and in any event, within 3 NAME OF First Middle Lost Year DECEASED OF DEATH JACOB Ohc AS (Type or print) IF UNDER 1 YEAR S SEX 6. COLOR OR RACE 7 MARRIED AGE (In years NEVER MARRIED Months DIVORCED WIDOWED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 11 BIRTHPLACE (County & State, or fareign country) COUNTRY? during most of working life, even if retired) INDUSTRY LITHUANIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremotion, or removol, KALKKXMXXXXXX MEYER OBCAS KIKIKAY XIX XIXIX RIFKA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT 7608 LEESBURG DR. (Yes, no, or unknown) (If yes give war or dates af service) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART 1 DEATH WAS CAUSED BY INTERVAL BETWEEN Hepatic IMMEDIATE CAUSE (a) DUE TO Post Necrotic Conditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause the Stote Dept. of Health prior to 19 WAS AUTOPS' PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) this certificate has YES | NO Y ō 20a ACC DENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item IB) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED (City or fown) (County) (State) 20c TIME OF INJURY Manth, Day, Year 20e PLACE OF INJURY (Hame, farm, factory, street, office bidg, etc.) Not While of work 2). I certify that (1) (this hospital) attended the deceased from June 15, 1966, to Oct 30, 1967, that (1) (we) last 29 Oct 1967, and that death accurred at 12:22 AM, from causes and on the date stated above. sow the deceased olive on_ 22a SIGNATURE 22b DATE SIGNED STAFF MED. DIRECTOR Oct. 30,1967 M.D 22c PHYSICIAN'S Wisc. Ave. Bothesda, nd. NAME (Type) STAULEY M. 23d. LOCAT ON (City or Town) 23a BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR (REMATOR) REMOVAL (Specify) 10-30-1967 BALTI YORE, MARYLAND HAR ZION TIFERETH ISRAEL 25b. REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR ADDRESS 24 FUNERAL DIRECTOR & BROS. INC., 6010 REISTERSTOWN POAD DATE NOV 6 1967



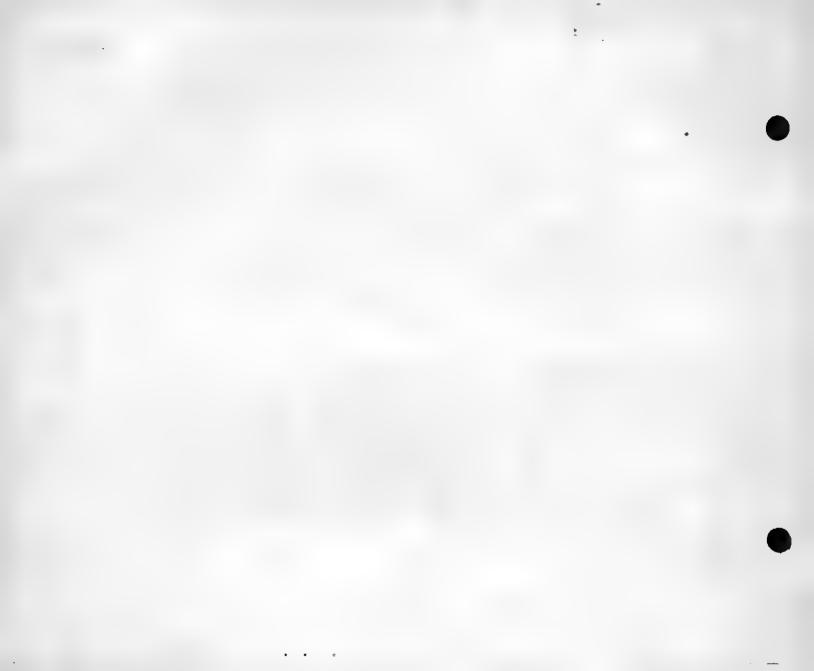
DIVISION OF STATISTICAL RESEARCE	ND STATE DEPART AND RECORDS.	ARTMENT OF H	EALTH STREET, BALTIMORI	E 1. MARYLAN	D
14165	CERTIFICATE		1	11'71	
1. PLACE DF DEATH a. CDUNTY	1		Where deceased lived, If Institu		re admission
	MARYLANO	a. STATE	b. COUNTY	Montagner	
write RURAL and give nearest town)	ENGTH OF STAY IN 16	c. CITY OR TOWN (If out	side corporate limits, write	RURAL and give ne	arest town
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital	27 years	d. STREET ADDRESS	ing	1 0 18	RESIDENCE
10010 1011	., 5:		naar Drive	YES	A FARM?
3. NAME OF / First	Middle	10219 Ridgen	DATE Month	Oay	Year
	Brady O	BRIEN	DEATH October		19 67
	NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In years IF	UNDER 1 YEAR IF UN	
Male White WIDOWED 120 DE VIDOWED 12	OIVORCED /	Vou 17 1900			
during most of working life, even if retired) INDUS	OF BUSINESS OR TRY	0. 11 .	A // /	12, CITIZEN OF W	4
13. FATHER'S NAME		'Trankfort 14. MOTHER'S MAIDEN'	NAME YORK	u. 5.	7
Frank E. Brady		Elizabeth	Doule		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCI. (Yes, no. pr unknwn) (If yes give war or dates of service)		NFDRMANT	Address	Ridgemoon	Dra
18. CAUSE DF DEATH [Enter only one cause per line for		n B. O'Brien,	Tr. Silver	opring, 11	d.
PART I. DEATH WAS CAUSED BY:	(a), (0), and (c).]	culties	- Para serie	ONSET AL	BETWEEN ND DEATH Dear 5.
OUE TO	nonary In	Signatury.	- Magaessiv	1019	- wis.
Conditions, if any, which) (b)	Vehtricul	an yarku	18 -	1 Lug	<u></u>
gave rise to immediate cause (a), stating the OUE TO	0 5	1/1		4.	-
8 PARTIL DTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT PELATE	ED TO THE TERMINAL DISE.	ASECONDITION GIVEN IN PAI	2T1(a) 119 WAS	AUTOPSY
PARTII. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING 20a. ACCIDENT WAS UNDERLYING 20b. DESCR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		e . v ivis i-kmilions bloc	- V- CONTROL FOR IN FAI	PER YES	FORMED?
Z 20a. ACCIDENT WAS UNDERLYING 20b. DESCR	TIBE HOW INJURY OCCUR	RED. (Enter nature of Inju	ury in Part I or Part II of it	1 -	, (2)
9	OCCURRED 20e. PLACE factory,	DF INJURY (Home, farm, , street, office bldg., etc.)	20f. (City or town)	(County)	(State)
	at work	9/4	Process		2 4 - 1 1 -
21. I certify that (I) (this hospital) attended the		death occurred at 136	to <u>Incserved</u> , ZM, from the causes an) (we) las
22a SIGNATURE	and that u		2	2b. DATE SIGNED	CO EDUYO
John Jummel , n.	D. M.O.		CTOR PHYS.	0/30/60	7
NAME (Type) John D. Crumm	ett	22d. ADDRESS 5	treet NV Wa	hor	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c			23d. LOCATION (City, town		(State)
Burial Oct. 31. 1967	Gate of Heav		Silver Spain	ec Mel	
Helingrak director C. Glen Carter 84.	ADDRESS 34 Georgia Au	Perue 25a. REC'D	BY REGISTRAR 2501 REGI	SMAR'S SIGNATUR	E
Warner E. Pumphrey, Inc. Si	wer Spring	Md DATE	1 1001		7



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14167 14172 CERTIFICATE OF DEATH 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE MARYLAND NONTARMERY b CITY OR TOWN (If autside corporate limits, CLENGTH OF STAY IN 16 c CITY OR TOWN (if autside corporate limits, write RURAL and give nearest tawn) write RURAL and a ve negrest town) d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS Home NO P The law requires that the death certificate be executed within NAME OF DATE Month Lost Year Day DECEASED OF Donoghue and in any event, (Type or print) DEATH SEX DATE OF BIRTH 6/20LOR OR RACE AGE (In veors 7. MARRIED NEVER MARRÍED last birthdov) Months Dovs Hours WIDOWED DIVORCED 10g USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired) **INDUSTRY** physician Housewite 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remaval, attending phys permit. Then p INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, na. ar unknown). Alf yes give war ar dates at service 104-E.LENO TB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: burnal-transit ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUF TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause directar, page 3 shauld be detached far use as the shauld be filled with the State Dept. af Health priar ta PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (a) WAS AUTOPS PERFORMED? YES [NO 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER 2Ge PLACE OF INJURY (Home, farm, (City or town) 20c. TIME OF INJURY Manth, Day, Year Hour a.m. 204 INBURY OCCURRED (County) (Stote) O FUNERAL DIRECTOR: After this Nat While factory, street, office bldg., etc.) at wark 21. I certify that (1) (this hospital) attended the deceased from 42. 1957 to OCV 1967 that (1) (we) last 1967, and that death accurred at 6:05 AM, from causes and on the date stated above saw the deceased alive an 10/24 220. SIGNATURE 22b. DATE SIGNED ATTENDING MD PHYS DIRECTOR PHYS 22d ADDRESS 22c PHYSICIANS O HOSPITAL NAME (Type) 1746 "K" Street, N.W. Wash. D.C. James J. Foster 230 BURIAL, CREMATION, REMOVAL (Specify) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) 10-26-1967 Mt. Olivet Cemetery Washington, D.C. 250 REC D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 DATE OCT



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14168 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 14173 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admiss on), o. COUNTY o. STATE b COUNTY MARYLAND 2, and PM3. Por delay b (TY OR TOWN (It autside coparate limits r. LENGTH OF STAY IN 16 c. CITY OR TOWN I outside corparate limits, write RURAL and give nearest lawn) write RURAL and avu fata Depo d. NAME OF HOSPITAL OR INSTITUT ON (If not in haspital, give street address) d STREET ADDRESS 8 IS RESIDENCE ON A FARM? cate, writing the ward pending' in pencil in Item 18 Give Pages 1, be fanvarded to the Chief Medical Examiner's Office along with farm YES NO F This certificate should be executed within 24 hours after death NAME OF Middle DATE Lost Dov Year DECEASED burial-transit permit. File pages land2 with the DEATH (Type ar print) S. SEX IF JNDER 24 HRS 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7 MARRIED **NEVER MARRIED** last birthday) Manths Days JUNE Hants Mn. event within 72 haurs after death. WIDOWED DIVORCED KIND OF BUSINESS OR 10a USUAL OCCUPATION (Give kind of work dane 11 BIRTHPLACE (State or foreign country) 12 CITIZEN DE WHAT warping life, even it retired) INDUSTRY EATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN L S ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO Address (Yes, na, or unknawn) (If yes give war or dates af service) SONSETAND DEATH IB. CAUSE OF DEATH (Enter only one cause per ne for (a), (b) and (c)) PART I DEATH WAS CAUSED BY COTOMOTY IMMEDIATE CAUSE (6) DUE TO QUY Pardio Vascolar Discase-Conditions, if ony, which gove (b) rise to immediate cause (a), and in DUE TO 0 stating the underlying cause Sign last crematian, or removal, PART II OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? CERTIFICATION YES NO 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW N.JRY OCCURRED (Enter nature of in any in Port I or Port II of item 18) 3 shauld PRIMARY I or CONTRIBUTING I 4 shauld CAUSE OF DEATH MED CAL 20c TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm 20f. (Cily or tawn) (County) Haur a.m. factory, street, office bldg., etc.) 5 may be retained far yaur TO FUNERAL DIRECTOR: Page Health priar ta burial, crema While Not While Page / at work at wark 21. I certify that I took charge of the remons described above, held on Autopsy Inspection 7 Ingury 🔼 and in my opinion Noturol couses A Suicide, Indetermined monner deoth resulted from Accident Hom cide funeral d rector CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER (X) **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 23a. BURIAL, CREMATION 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 250 RECD BY REG STRAR 25b. REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR VR ATSME 6M 1/67 Johnson & Jenkins 4804 Ge



Against The Control of the Control o	1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND	21201
>		14169 CERTIFICATE OF DEATH	14174
uneroll transformers to the seath.	1	PLACE OF DEATH 5. COUNTY 6. COUNTY 6. COUNTY 6. COUNTY 7. MARYLAND 2. USUAL RESIDENCE (Where deceosed lived, if institution: R 6. COUNTY 7. MARYLAND 2. USUAL RESIDENCE (Where deceosed lived, if institution: R 6. COUNTY 7. MARYLAND	esidence before admission)
by the line Poges Lo		b (11 or Town (If outside corporate limits, write RURAL on Setroads C LENGTH OF STAY IN 1b C CITY OR TOWN (If outside corporate limits, write RURAL on Setroads Silver Spring	d give neorest town)
lled in by sopers. Prin 72 hour		d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS 1110 Schindler Prins	e. IS RESIDENCE ON A FARM? YES NO
signed by the ottending physician and completely alled in by the funeral signed by the principle signed buriol-transit permit. Then please remove carbon papers. Pages—find 2 buriol, gremation, or removal, and in any event, within 72 hours after death.		NAME OF First Middle Lost 4. DATE Month OF DECEASED (AMAN) O'Malley DEATH October	Doy Year 19 6.7 NDER LYEAR IF UNDER 24 HRS.
id comp emove c	S.	Male Wilde Wilder Divorced One 16 1713 St. Yrs.	notes Treak Tronder 24 nks. Doys Hours Min.
ician or lease re and in	duri	ing most of working life, even if retired) INDUSTRY Products Oreland	COUNTRY?
ending physinit. Then plor removal,		Anthony O'Malley Bridget Hughes	
offendin ermit.	(Ye	Les 11 136-15-8703 - Therine K. Walley Silver	pander Tries
ottending physician. hos been signed by the ottending physician and complete will be seen signed by the ottending physician ond complete will se os the buriol-transit permit. Then please remove carbon print priar to buriol, cremation, or removal, and in any event, within the complete of the complete		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c)) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). A cute Myocardial Infarction	INTERVAL BETWEEN ONSET AND DEATH
Page 4 may be retoined by the haspital or offending physician. • FUNERAL DIRECTOR: After this certificate hos been signed by director, page 3 should be detached for use os the buriol-from should be filed with the State Dept. of Health priar to buriol, cre		Conditions, if ony, which gove (b) Coronary Artery Disease	3 415.
os been os the prior to 1		stating the underlying couse (c) Arterias clerosia PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY
d for use of Health p	CERTIFICATION		PERFORMED? YES NO
this certification of He	CAL CERTI	OR CONTRIBUTING COCAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(County) (State)
State De	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o.m. p.m. 19 20d. INJURY OCCURRED 20d. INJU	
ECTOR: A should with the S		saw the beceased olive on Serving 1967, and that death occurred at 734M, from causes and	
SE S		220. PHYSICIAN'S DIRECTOR L. PHYS. L. P	10/18/67
Trage 4 may be retoined by the haspital of chrending to FUNERAL DIRECTOR: After this carificate has been director, page 3 should be defached for use as the should be filed with the State Dept. of Health priar to		BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (Stote)
VR A15 (1)		ADDRESS A HIROTOR 250. RECD BY REGISTRAR 25b. REGIS	RAR'S SIGNATURE
20 M 1/66	,	or en E. Amenhory, 2000 Ser Spring, Mid. DATE UCT 23 1981 20	1 0



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14175 CERTIFICATE OF DEATH hours after death. and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY ONTGOMER MARYLAND Pages b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b c. CITY OR-TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAt-and give necrest town OCKUILLE Fied I d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e IS RESIDENCE d STREET ADDRESS Depers within 72 ON A FARM? 624 Blossom Drive NO IX The law requires that the death certificate be executed withy NAME OF Middle DATE carbon Lost Doy Year completely DECEASED 19 60 ond in ony event, (Type or print) **DEATH** 6 COLOR OR RAC IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH (In years last birthday) Months Days Hours WIDOWED DIVORCED puo 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT 11 BIRTHRLACE (County & State or foreign country) during most of working life, even if retired)

Teacher please INDUSTRY physicion **COUNTRY 2** 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME buriol, cremation, or removal, ottending phys John Culliton Helen Zeiss IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17, INFORMANTAlbert J.Osbahradorgr. 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service Item Same as 18. CAUSE OF DEATH (Enter only one couse per line for (d) (b), and (c)) INTERVAL BETWEEN the signed by the buriol-transit PART I. DEATH WAS CAUSED BY-ONSET AND DEATH IMMEDIATE CAUSE (o) 001 X DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), **DUE TO** TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or ottending stating the underlying cause as the prior to l certificate has been PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1601 WAS AUTOPS PERFORMED? for use with the Stote Dept. of Health NO 200 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of mility in Port 1 or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour o.m. factory, street, office bldg., etc.) Not While After at work at work 2). I certify that (I) (this hospital) attended the deceased from DIRECTOR: M, from causes and saw the deceased alive an and that death accurred at an the date stated above. 220 SIGNATURE DATE A GNED M.D. DIRECTOR PHYS director, page should be filed 22 PHYSICIAN S 22d. ADDRESS TO FUNERAL AAME (Type) 230 BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (State) REMOVAL (Specify) 10-26-67 Gate of Heaven Silver Burial 250. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR 2Sb VR A15 (4) 25M 1/67 ROBERT PUMPHREY, Bethesda, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14176 MEDICAL EXAMINER'S CERTIFICATE PLACE OF DEATH USUAL RESIDENCE (Where deceased lived if institution Resider to before admission) o. COUNTY CITY OR TOWN (If outside corporate limits, write, RURAL and give nearest town) aris de corporate limits, write RURAL and give nearest town NSINGTON d. NAME OF HOSPITAL OR NATITUT ON (If not in hospital, give street oddress) d STREET ADDRESS 71 Item 18. Give Poges Office along with NAME OF Doy Year DECEASED OF DEATH AGE (In years 7 MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 6 3 birthdoy) Months Hours any event within 72 hours offer deoth NegRO WIDOWED 10o USLAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? ARNESVIILE FOREMANN TRACK Exam.ner's 13 FATHER'S NAME be executed within penc. 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT pending" ir ef Medical ((Yes, no, or unknown). If If yes give war or dates of service Louise Overs-BARNesville IB CAUSE OF DEATH (Enter only one couse per ne for (o), (b), and (c)) PART I DEATH WAS CAUSED BY. MMEDIATE CAUSE (o) e, writing the word forwarded to the Ch DUE TO Cardiac Hypetitrophy + Dilitation. Conditions if any which gove nse to immediate couse (o), ⊆ DUE TO stating the underlying couse 0.5 lost used removol, PART II OTHER SIGN F CANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS 6 PERFORMED? YES 😿 NO CERTIFICAT 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW JNJORY OCCURRED (Enter nature of injury in Part , or Port 1, of Jem 18.) 3 should PRIMARY I or CONTRIBUTING I Ь CAUSE OF DEATH cremation, MEDICAL 20c T.ME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Home, form, 20f (City or town) (County) Not While Hour o.m. foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Poge 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry X, Inspection V and in my op nian Notura causes 🔀 Hom cide death resulted fram Accident Suicide Indetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED prior ASS STANT MEDICAL EXAM NER SIGNATURE **EXAMINER'S** ofth NAME (Type) Address (Street, Gty, town, or county) (Stote), 0 VR A15ME (5 6M 1/67



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

14177

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1. PLACE OF DEATH a COUNTY			MAR	YLAND	2. USUAL RE o. STATE	Mary]		d lived, If instit b. COUN				
b. CITY OR TOWN RURAL and give	(If outside corporate lim	its, write	c. LENGTH OF STAT	Y IN 1b				prote limits, write	RURAL ond	give near	rest fown)
Bethes	sda		25 yea	ars	В	etheso	la				1	5
d. NAME OF HOSP OR INSTITUTION	tTAL (If not in hospital,	give street	oddress))	ADDRESS				6	. IS RES	IDENCE FARM?
4	liold al	100			4535	High!	Land	Ave.				NO [2]
3. NAME OF DECEASED	Fi	rst	Middl	e		Lost	4. DATE OF	N	onth	Day	,	Yeor
(Type or print)	SArUi	يدد	R.	IZLI	TITE.		DEATH	ر	it. 14	F	1	1957
5. SEX	6. COLOR OR RACE	7. MARR	TED TO NEVER MARR	RIED 🔲	B. DATE OF BI			9. AGE (in yea	rs IF UNDER		IF UNDE	R 24 HRS
riale	white	WIDOWE					399		Months .	Days	Hours	Min.
10a. USUAL OCCUPATI	ION (Give kind of work rking life, even if retired	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTH	PLACE (State	or foreign c	country)	12. CIT	IZEN OF	F WHAT	COUNTR
Retired	mag me, even a tempe	"			Vi:	rginia	1			U.	. S.	
13. FATHER'S NAME						R'S MAIDEN N						
ndwa	rd G. Pai	nter			(Unk	norm)	Mo	rris				
15. WAS DECEASED BY	ER IN U. S. ARMED FOR	RCES? 16.	SOCIAL SECURITY NO	O. 17. II	NFORMANT	wire			ddress			
LvC vs. dr shindard	Its har flag has not out on our	11	5-1/4-823	5 7	lith Pa	ainter	~	Same	as I	tem	2.	
	ATH [Enter only one co	ouse per lir	ne for (o), (b), and (c)]-] /	0 ()					INTE	RVAL BE	TWEEN
	ATH WAS CAUSED BY:		Cancer of	F	laddes					ONSE	ET AND	DEATH
	DUE TO	-	-	V						 	700	.2
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lying cause lost.	The under-	:)										
PART II. OT	HER SIGNIFICANT CON		ONTRIBUTING TO DE	EATH BUT	NOT RELATED	TO THE TERMI	NAL DISEAS	E CONDITION C	SIVEN IN PAR	T 1(a) 19	. WAS A	AUTOPSY
ž.		_									PERFO	RMED?
E 200. ACCIDENT W	AS UNDERLYING	20b. DESC	RIBE HOW INJURY O	OCCURRE	D. (Enter nature	of injury in P	ort I or Por	t II of item IBJ		l	163 🗀	140 [5]
PART II. OT	AS UNDERLYING DEATH MEDICAL EXAMINER			_	•	, ,						
		gr 20d, 1N	UURY OCCURRED	20e, PL	ACE OF INJURY	' (Home, farm	20f. (Cit	v or town)	- 11	County)		(State)
20c. TIME OF INJUST OF INJ	19	While of work	Not while	fee	dory, street, off	ice bldg., etc.)		,			(21014)
			<u> </u>	1		-	1,4-	141				
	hat I attended the	decease	ed from	con 1	19./	/, to	<u> </u>	14 196	7_,that I	last se	w the	decease
alive on	0.41.13	, 12.6	, and tha	t death	occurred o			n the causes		he dat		
ACTUAL /	2 David	Ko.	. (1.	1. 0		lreet, city or tow	n, store)	2/	, 54	ATE SIGNI
SIGNATURE_	[Stock of	win.	25		M.D	7571 4) Warns	m thet I	zetwzeg	1496	18/1	1467
PHYSICIAN'S NAME (Type)	Dr JESE	PH	P, KENK	P/45	/							
	ON, 226. DATE THEREC)F	22c. NAME OF CEN				22d. LOCA	TION (City, town	, or county)		(State	2)
REMOVAL (Specify	10-18-0	7	Rosenso	d de	meter	У	Lewi	sbur.,	Thest	Va:	rgir	nia
23. FUNERAL DIRECTO	ACCURATE THE PARTY OF THE PARTY OF		ADDRESS	3.5	-73	24a. REC*0	BY REGIST		SISTRAR'S SIC			,
KOREKT V.	PUMPHREY	, Fic	thesda,	Many	rand	DATE	118	1967	Clear	No y	0	

VS A15 (4) 15M 9/55



, ,	Items 18&21 Film 395 MARYLAND STATE DEPARTMENT OF HEALTH 11-20-67 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATES	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	4178
d within 24 hours after death. If any delay is in pencel in Item 18. Give Pages 1, 2, and 3 to Examiner's Office along with form PM3. Page Hile pages land with the State Department of Stores after death.	d NAME OF HOSPITALORY MYITUTION (If not phospital give street address) 3 NAME OF DECEASED (Type or pant) 5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years last bethody) 100 USUAL OCCUPATION (Give kind of work done 100 KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12 CITIL	e S RESIDENCE ON A FARM? YES NO Day Pear 19 6 7
ficate shauld be execute ling the ward "pending" rded to the Chief Medical as a burial-transit permit, and in any event within 7	IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or yinknown) (If yes give war ar dates af service) 18. CAUSE OF DEATH (Enter an y one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY. HMMEDIATE CAUSE (a) DUE TO Cond t ans, if any, which gave nse to immed at e couse (a), stating the underlying cause lost. (c)	INTERVAL BETWEEN ONSET AND DEATH
TO DEPUTY MEDICAL EXAMINER: This certificate, writh the funeral director. Page 4 shauld be farward 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 shauld be used the prior to burial, cremation, or removal,	REMOVAL (Specify) 10-12-67 Baltimare First Baltimary	and in my opinion 22. DATE SIGNED (State)
VR A15ME (SV)	H3 Clashytut Sons 4425 ream (& 72- DATE) DATE	0



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14174 1-411779 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived if institution Residence before admission) o STATE MARYLAND delay LOWN (IS outside corporate lights, write RURAL and g ve rearest town DR-TOWN (If outs of consorote limits, WURAL and give/peg est town) c LENGTH OF STAY IN In c CITY OF and 2, c. PM3 spital, give street address) d STREET ADDRESS nad To la ON A FARM in Item 18. Give Pages YES ofter death. NAME OF Middle DATE Month Dov Уеаг DECEASED the (Type or print) DEATH 6 afang 9 AGE (n years F UNDER 1 YEAR 7 MARRIED NEVER MARRIED hdoy) Doys WIDOWED DE DIVORCED Office (hours after death within 24 haurs OCC. PATION (Give kind of work done Iño USUA. KIND OF BUSINESS OF 12 CITIZEN OF WHAT during page of working life, even if retired) Examiner's pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ī. 15. WAS DECEASED EVER IN U.S. ARMED FOR CES?
[Yes, po-or unknown] (If yes give wor or dotes of service) 16. SOC AT SECUR TY NO 17 INFORMANT SOM rd "pending" in Chief Medical E within INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per al-transit event ONSET PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (p) certificate should writing the ward DUE TO the any Conditions, if ony, which gove pnr rise to immediate couse (a). .⊆ DUE TO stating the underlying couse 0 farwarded lost. SD used 19. WAS AUTOPSY PERFORMED? remaya, PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) icate, ΝO 96 þe 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of nury in Port I or Port II of tem 18) plrods PRIMARY I or CONTRIBUTING I 5 bleads EXAMINER: CAUSE OF DEATH cremation, 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Home, form (City or fown) (County) Hour o.m. foctory, street, office bldg., etc.) Not While may be retained far your FUNERAL DIRECTOR: Page pleose execute at work 21. I certify that I took charge of the remains described obove held on Autopsy Inspection X ond in my opinion death resulted Fram Natural causes director Hamicide Undetermined manner CHIEF MED CAL EXAMINER ACTUAL 22. DATE SIGNED ASS STANT MED CA. EXAMINER SIGNATURE prid the funeral TO DEPUTY pe DEPUTY MEDITAL EXAMINER **EXAMINER'S** = NAME (Type) Address Attended to the county 60 23b DATE THEREOF 230 BURIAL, CREMATION. 23d LOCATION (City or Town) 0 REMOVAL (Specify) Codar Hill Cemeteru Suitland "aruland 24 FUNERAL DIRECTION 2So. REC'D BY REG STRAR VR A15ME (5) 6M 1/67 Inc. ver Spring.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 *4175 14180 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within, 24, hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) o. COUNTY o. STATE Montgomery b COUNTY Maryland MARYLAND Montgomery b. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town)
Bethesda. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 within 72 hours Rethesda days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? The Clinical Center, Bethesda, Maryland 10315 Montrose Avenue, Apt. YES NO K NAME OF First Middle 4. DATE Month Lost corbon Dov Year DECEASED Lorine Lillian Peterson 19 67 ond in any event, (Type or print) October DEATH IF UNDER I YEAR 6 COLOR OR RACE 9. AGE (In years IF UNDER 24 HRS 7 MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthdoy) Months Doys Hours Female. White WIDOWED DIVORCED 14 May 1907 physician and chen please remo 10o JSUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired)
Housewife INDUSTRY COUNTRY? Illinois USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, Jud Lair Lillian Miller 17. INFORMANT The Medical Recordsess 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service) The Clinical Center, Bethesda, Maryland 360-28-8890 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c))
PART 1 DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the burnal-tronsit p ONSET AND DEATH IMMEDIATE CAUSE (6) Myocardial Infarction DUE TO Carditions, if any, which gave Hypoxia and Pulmonary Bleeding 2 hours rise to immediate couse (a), DUE TO stating the underlying couse as the prior to t (a) Endobronchial Amyloidosis 20 years 19 WAS AUTOPS has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) PERFORMED? detached for use to Dept. of Health YES X NO [Page 4 moy be retained by the hospital or O FUNERAL DIRECTOR: After this certificate 200 ACCIDENT WAS JNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While ot work 21. I certify that (4) (this haspital) attended the deceased fram 27 October, 19 67, ta 30 Oct., 19 67, that (4) (we) last saw the deceased alive an 30 October 1967, and that death occurred at 1:20 M, fram causes and an the date stated above. 22o. SIGNATURE 225. DATE SIGNED STAFF PHYS. director, page 3 allecan Oct. 30, 1967 M.D PHYS DIRECTOR 22d ADDRESS The Clinical Center, National 22c PHYS CIAN'S NAME (Type) Henry Benfer Kaltreider, M.D. Institutes of Health, Bethesda, Md. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION, 235 DATE THEREOF (County) Prince CHEMATTON 10-31-67 Cedar Hill Cemetery Suitland 9 7557 AMPS CONSIN AVE 250 RECD BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE Pumphrey VR A15 DANOV 3 1967 Charles Jud



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14181 FOR STATE 74775 HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o COLNTY o STATE b COUNTY Montgomei State Repart mint of MARYLAND b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 3240 m35003 d NAME OF HOSP TAL OR INSTITUT ON (If not in haspital give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? alang with farm in Item 18. Give Pages This certificate shauld be executed within 24 haurs after death NAME OF Midd e First 4 DATE Month Year DECEASED OF OEATH ames. 19/3/ IF UNDER 1 YEAR S. SEX 6 COLOR OR RACE AGE (In veors IF UNDER 24 HRS 7 MARRIED VE NEVER MARRIED lost birthday) Months WIDOWED DIVORCEO E 4 shauld be forwarded to the Chief Medical Examiner's Office TOO USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR SIRTHPLACE (State or foreign country 12 CITIZEN OF WHAT COMPTEN 35 A. Electric permit. File pages 1 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME event within 72 haurs IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, prunknown) (If yes give wor or dates of service) please execute the certificate, writing the ward "pending" 010-20-7422 18 CAUSE OF DEATH (Enter only one couse per ne for (o), (b), ond (c))
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEE -oronary. Insufficency IMMEDIATE CAUSE (o) DUE TO Carclio Vascular Disease .. and in any 42315 Conditions, if ony, which gove rise to immediate couse (a). DIJE TO stoting the underlying couse last pe nsed ar remayal, PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO GEATH BLT NOT RELATED TO THE TERMINA. DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPS!
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

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· · · · · · · · · · · · · · · · · · ·	director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers, Pages 1 and 2 should be filed with the State Dept. at Heolth prior to burial, crematian, or removal, and in any event, within 72 hours after death.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled—why director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers abould be filled with the State Dept. af Heolth prior to burial, crematian, or removal, and in any event, within 72 hours.	To Funeral Directors: After this certificate has been signed by the attending physician and campletely filled-with by the fundage director, page 3 shauld be detached for use as the burial-transit permit. 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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14183 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) o. STATE Mary Land b. COUNTY Montgomery a. COUNTY Montgomery MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b, CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) 1 Year Rockville Rockville d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? 10500 Rockville Pike, Apt.415 10500 Rockville Pike NO K 3. NAME OF Middle 4. DATE First Lost Month Year DECEASED october. HERMAN JOSEPH PFUNDSTEIN (Type or print) DEATH 196 S SEX 9. AGE (In years YEAR IF UNDER 24 HRS 6 COLOR OR RACE 8. DATE OF BIRTH **NEVER MARRIED** 60 yrs. Dec. 6, 1906 White Male DIVORCED 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
Salesman - Drig Fair **INDUSTRY** COUNTRY? Brooklyn, New York U. S. 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME the attending phys crematian, or removal, Anthony Pfundstein Elizabeth Baver 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Wife Same as Item 2. (Yes, no, ar unknawn) (If yes give wor ar dates at service) Ellen M. Pfundstein *577-*09-7136 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY: Coronary. Insufficency Acute IMMEDIATE CAUSE (a) TO HOSPITAL OR ATTENDING PHYSICIAM: The TOWN TEXTURE OF Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by **DUE TO** Cardio Vascular Disease -Candit ans, if any, which gave rise to immediate couse (a), **DUE TO** stoting the underlying cause as the Sterio Sclerosis - Generalized -4015 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? NO N YES 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port 1 or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (County) (Stote) 20c TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) of work ot work 1963, to date -, 19 _, that (1) (see) last 2]. I certify that (I) (this bospital) attended the deceased from _____1967, and that death accurred atomic M, fram causes and an the date stated above saw the deceased alive an 29 Sept. 22o SIGNATURE 22b. DATE SIGNED 10-26-67 M.D DIRECTOR 2YH9 director, page 22c PHYSICIAN'S 22d. ADDRESS 7936 Old Georgetown Ro JOHN G. BALL NAME (Fype) Bethesda, Maryland 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Silver Spring, Maryland 10-30-67 Gate of Heaven Cem. 2So REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE PUMPHREY, Bethesda, Maryland Mearley Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 24 haurs after death. 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH b COUNTY o (OUNTY MONTGOMERY O. STATE MARYLAND MARYLAND b CFTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) E LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) 43 days MOUNT ATRY RETHESDA d. STREET ADDRESS e. IS RESIDENC Hed II propers hin 727 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARMS ROUTE #1 NAVAL MEDICAL CENTER YES T NO T The law requires that the death certificate be executed within \subseteq NAME OF Mindle 4. DATE Month First Lost Doy Year the attending physician and campletely sit permit. Then please remave carbon DECEASED Doris Marie PONCE OCTOBER 67 30 19 or removal, and in any event, (Type or pant DEATH IF UNDER 24 HRS 5. SEX 6 COLOR OR RACE DATE OF BIRTH 9. AGE (In years 7 MARRIED NEVER MARRIED FEMALE lost by theor) Months 28,1930 Hours JUNE WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) during most of working Lie, even if retired) **COUNTRY?** INDUSTRY WASHINGTON. D.C. USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME KEREN M. JONES EMMETT DOWNING BROWN 17. INFORMANT HUSBAND 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address signed by the attending burial-transit permit. I burial, cremation, or rer (Yes, no, or unknown) (If yes give wor or dotes of service) 40 8079 HECTOR G. PONCE SAME AS # 2 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) INTERVAL BETWEEN S (AUSED BY. Cloacogenic Squamous Cell Carcinoma of Rectum PART I. DEATH WAS CAUSED BY. ONSET AND DEATH Poge 4 may be retained by the hospital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been 3 shauld be detached far use as the 19. WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? YES X NO 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING CAUSE OF DEATH State Dept. af (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg , etc.) Hour o.m. Not While of work 21. I certify that (1) (this haspital) attended the deceased fram OCT 19, 1967, to 30 OCT, 1967, that (1) (we) last saw the deceased alive an OCTOBER 30 1967, and that death accurred at 7:23 M, fram causes and an the date stated above. director, page 3 shauld shauld be filed with the 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** 31 OCT 67 DIRECTOR PHYS. M.D. PHYS 22c PHYSICIAN'S HOSPITAL, BETHESDA, MD. NAME (Type) William R. HIX , M. D. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230. BURIAL, CREMATION. 23b DATE THEREOF ((county) (Stote) BRINGAY Postily) ARLINGTON NATIONAL CEM. ARLINGTON. VIRGINIA NOV. 2-67 25o. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) ti ollers WASHINGTON, D. C.





MARYLAND STATE DEPARTMENT OF HEALTH

14196

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH ond PLACE OF DEATH USUAL RESIDENCE (Where deceased lived if institution, Residence before admission) o. COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 16 c CITY OR TOWN I itside corporate limits, write RURAL and give pearest town d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? within NO 💢 YES carbon NAME OF Middle DATE Doy Year DECEASED KESPIMOND (Type or pnnt) DEATH 6 COLOR OR RAC AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH 7 MARRIED **NEVER MARRIED** birthdoy) Months Dovs Hours DIVORCED ond in any WIDOWED 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or 12 CITIZEN OF WHAT during most of working life, even if return COUNTRY? ottending physicion permit. Then please 13. FATHER SAFAME MOTHER'S MAIDEN NAME or removal, WAS DECEASED EVER IN U.S. ARMED EXPRESS INFORMANT 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) NTERVAL BETWEEN buriol-transit QUSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) 15 41 **DUE TO** burio!, Conditions, if any, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse as the prior to b last. WAS AUTOPS) PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) ICATION Heolth NO X 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of many in Port I or Port II of item 18) OR CONTR BUTING CAUSE OF DEATH (IF E THER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (County) (Stote) (City or town) MFD factory, street, office bidg, etc.) Hour a.m. Not While ot work 195 Z, that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased from [] , and that death accurred at 59/2 M, from causes and on the date stated above. saw the deceased alive an_ 22o, SIGNATURE 22b DATE 5 GNED M.D PHYS DIRECTOR 22d ADDRESS 22c PHYSICIAN NAME (Type) BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) REMOVAL (Specify)

Rockville. Cemetery

ADDRESS

Rockwill

196

250 REC D BY REGISTRAR

1-3-1967

Wash.D.C.

Gawler's Sons, Inc.

N.W.

Buria

Wisc. Ave.

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer TO FUNERAL DIRECTOR: After be reformed by r, poge be filed director, 25M 1/67

completely

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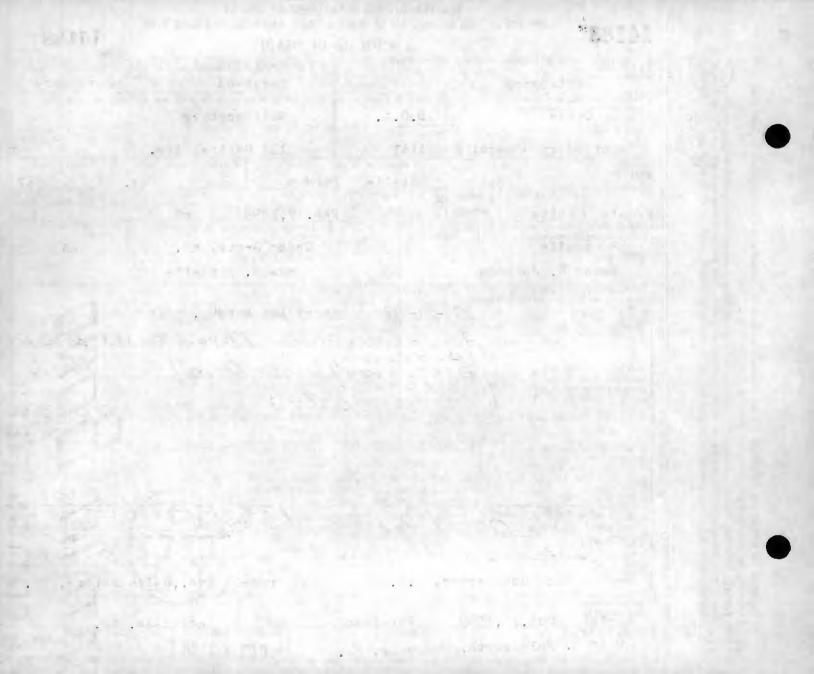
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14187 14182 CERTIFICATE OF DEATH deoth 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission. o COUNTY **b** COUNTY MontgomERY MARYLAND b CITY OR TOWN (If outside Corporate limits, c. LENGTH OF STAY IN 16 r CITY OR TOWN (If outside corporate limits, write RURAL and give negres! town) write RURAL and give negrest town) d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address d. STREET ADDRESS B IS RESIDENCE ON A FARM? and in any event, within 72NO 3. NAME OF 4. DATE remove carban Lost Doy Year DECEASED 1967 NonE 26 (Type or print) 10 DEATH requires that the death certificate be executed IF UNDER 1 YEAR S SEX IF JNDER 24 HRS B. DATE OF BIRTH AGE (n years 7. MARRIED NEVER MARRIED lost birthdoy) Hours WIDOWED DIVORCED 10-29-94 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? UIRSINIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremotian, or removal. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANI (Yes, no, or unknown) (If yes give wor or dotes of service IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) INTERVAL BETWEEN signed by the buriof-tronsit p DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying couse lost PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REPATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) WAS AUTOPS) PERFORMED? NO 20o ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port 1 or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, larm, 20c. TME OF NJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (County) (State) TO FUNERAL DIRECTOR: After this Hour o.m. foctory, street, office bldg., etc.) of work of work 21 I certify that (I) (this haspital) attended the deceased from January , 196/, to October 26, 1967, that (1) (we) last saw the deceased alive an 3-Tober 25 19 67, and that death occurred at 7,03 AM, from causes and an the date stated above 220 SIGNATURE 22b DATE SIGNED ATTENDING J M. DIRECTOR director, page should be filed 22c. PHYSIC ANS 22d. ADDRESS ELSON NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION DATE THEREOF 24. EUNERAL DIRECTOR VR A15 (4) 25M 1/67





MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

N	14184	item 18	ERTIFICATE	OF DEATH		141	89
	o. COUNTY Montgomery	7	MARYLAND	o. STATE	there deceased lived, if institution b. COUN		
	 b. CITY OR TOWN (If outside corporate lir write RURAL and give nearest town) 	nits, c. LENGTH	OF STAY IN 16	c CITY OR TOWN (If our Beth	side carparate limits, write RUR		
90	d NAME OF HOSPITAL OR INSTITUTION (IF Potomac Valle	nat in hospital, give street ac	ldress)	d. STREET ADDRESS 59	07 Rolston	Road	e. IS RESIDENCE ON A FARM? YES NO SE
3	NAME OF		Middle	Last PYLE	4. DATE Month OF OCt.	Dar	
S	SEX 6. COLOR OR RACE Male White		R MARRIED 1 8.	DATE OF BIRTH	9. AGE (In years	Months Days	IF UNDER 24 HRS. Haurs Min.
10 d	Oo. USUAL OCCUPATION (Give kind of work do uring most of working life, even if retired)	SCHOOLS- R	etired	11. BIRTHPLACE (County & Mary lar	State, or foreign country)	12. CITIZEN O COUNTRY	
T	RATHER'S NAME William Stamp	Pyle		14. MOTHER'S MAIDEN N Mary Pr	rice Hoopes		
(S. WAS DECEASED EVER IN U.S. ARMED FORCE Yes, no, or unknown) (If yes give war or date Yes WW I	s of service) 219-36-		FORMANT Wife len D.Pyl			2.
	Conditions, if any, which gave	/X V.	in Van	ula au	idut	G G	terval between user and death of the control of the
MOLENIATION	PART II. OTHER SIGNIFICANT CONDITIONS	artsiron					WAS AUTOPSY PERFORMED? YES NO
		20b. DESCRIBE HOW	INJURY OCCURRED. (E	inter noture of injury in P	'art I ar Part II af item 18.)		
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour a.m. p.m.	9 20d. INJURY OCCUR While Not W at work at work	hile factor	OF INJURY (Home, form ry, street, office bldg., etc.)	20f. (City or lown)	(County)	(Stote)
	21. I certify that (I) (this he saw the deceased alive on			death accurred at	P. M. fram causes		
1	22c. PHYSICIAN'S NAME (Type) GEOR	fleezz GE SHARPE	M.D.	PHYS. 22d. ADDRESS	MED. STAFF. DIRECTOR DIRECTOR DRYS. DLO400 Conn. Censington.	Ave.	
E	30. BURIAL, (REMATION, REMOVAL (Specify) 10-1	2-67 Broa	d Greek	REMATORY Cemetery	Hartford	vn) (Count	(State) (Y
	24. FUNERAL DIRECTOR ROBERT A. PUMPHR	EY, Bethesd	oress a. Marvl		BY REGISTRAR 2Sb. RE	GISTRAR'S SIGNATU	

MREET -A PER NAME AT VICE THE RESERVE OF THE STATE OF THE STAT THE APPLICATION OF THE PERSON The same of the sa